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1941!

A Greeting for the New Year

In sending you a New Year's Greeting — a greeting to every member of our Association — I do so with a deep consciousness of the inadequacy of words. Are we not all thinking, hoping, and praying that 1941 may be a Year of Grace which will bring lasting Peace — a peace that will surely pass all understanding?

Gratitude must be the keynote of any message I bring to you. We in Canada have so much to be grateful for, and so much to look forward to, in this year that is about to open — safety, comfort, and plenty. Nevertheless, even these gifts, which are our national and personal heritage, cannot but increase our grief at the physical distress and lack of human comfort that our fellow countrymen are experiencing in Britain — distress and lack that should play no part in a world which we call civilized and in which there should be peace and abundance for all.

The photographs in the British Nursing Journals, and the experiences described in their pages and over the radio, suffice to make us realize under what mental strain and physical discomfort our sisters are working, day after day and week after week. Our greatest admiration goes out to them, knowing well what their days must be like and knowing equally well that these days all too often follow nights of little or no sleep or rest. Our kindest and constant thoughts and our good wishes for their welfare are wafted across the Atlantic.

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We think also of our Canadian Nursing Sisters who are on duty in Britain. We are watching their progress with pride and affection, realizing the support that they will give to British nurses who have now been toiling under excessive strain for many months.

Who could have thought that one would ever couch a new year's greeting in such language as this, or that this world — our world — could have been caused such unnecessary agony? A very young statesman recently said: "I think it is already a better world in a spiritual sense." God grant it may be.

With hope and courage, and the will to do our utmost as citizens and as nurses, we face the New Year, accepting to the full our responsibilities in our various communities throughout the Dominion, trusting it will be a better year because of the part our profession can play. During 1940, the Canadian Nurses Association pledged its loyalty anew to Canada and to the Empire and in a definite and tangible way contributed to her needs. It is, however, the rank and file of our members who, in their daily lives, make an even greater contribution through their professional work, and leave their impress at a time when good citizenship is so essential.

It is with real sincerity that I ask the members and staff of the Canadian Nurses Association to accept the good wishes of the Executive for 1941.

GRACE M. FAIRLEY,
President,
Canadian Nurses Association.

We Welcome Newfoundland

In the first number of its thirty-seventh volume, the *Journal* has the happy privilege of welcoming to its pages the Graduate Nurses Association of Newfoundland. Ever since the war broke out, Canada and Britain's oldest colony have drawn very close to one another. Canadians are proud of the spirit displayed by her fighting men, on sea, on land, and in the air, and we know that the nurses of Newfoundland share that hardy spirit and carry its inspiration into their daily lives. By way of proof we offer this excerpt from a letter written by the president of the Association, Miss Syretha Squires:

I am leaving in ten minutes for a little place in a basin of rock called "Upper Island Cove", where we have just established a rural teaching unit whereby the public health nurses may get experience. My car is packed with sheets and pillow cases, pots and pans. I have a coal scuttle and brooms and, to crown all, two mattresses are tied on the back of the car. There is also an "Ideal Cook" No. 10 kitchen stove, which sits beside me on the front seat.

I hope and pray the snow doesn't come too fast until I get there, but it will be a grand little house when it is fixed up. The nurse in charge is a jewel, and is looking forward to the nurses coming to her for a month to share her experience—and loneliness. We hope to show the nursing world that we can handle our problems in Newfoundland, and when that time comes *The Canadian Nurse* will share in the honours for the inspiration we have received from it.

And so another slender strand is woven in the intangible bond which binds the Commonwealth together — "all round the world, and a little hook to fasten it."

Nursing Care in Prostatism

WINNIFRED MACLEAN

This outline of certain aspects of urological nursing comes to you from the busy Floor of a very active urology service in the Royal Victoria Hospital, Montreal. The bed capacity of the Floor is 37, with accommodation for 27 male, and 10 female patients. It is so arranged that in one ward of twelve beds are our pre-operative, convalescent, and not very ill patients. At the other end of the Floor are rooms of two or three beds, while in the second twelve-bed ward, which is very much the centre of our Floor, are our post-operative male patients. Near by are the dressing room, the cystoscopic and X-ray rooms, the nurses' utility room, and the doctors' laboratory. There is also a lecture room for the medical students which is equipped with an X-ray viewing box, a lantern with numerous slides, a splendid display of charts, pen and ink drawings, paintings, and mounted specimens. This fine teaching equipment is also used for the benefit of the student nurses.

This article will deal particularly with our care of the patient suffering from prostatism, a condition in which the change in the fibro-glandular structure of the prostate gland interferes with the function of urination. As will be seen in the accompanying illustration, this gland is situated in the pelvis at the neck of the bladder and encircles the upper part of the urethra.

From our genito-urinary clinic, Mr. Jay is admitted for relief of prostatism. He is seventy years old, worried and upset, ill and in considerable pain. He complains of day and night frequency of urination, some supra-pubic pain and difficulty in voiding. Very shortly, the interne sees the patient, wheels him into the dressing room for examination, passes a catheter, and gives the patient immediate relief. This catheter is retained, and the phenol-sulphon-phthalein test for kidney function is begun and Mr. Jay is returned to his ward.

In the P.S.P. or "red test", as it is called, 1 cc. of this red dye is injected deep into the gluteal muscle. Ten minutes is allowed for the absorption of the dye into the blood stream. Normally, 50% of it is excreted by the kidneys in the first hour following this ten-minute period, and roughly 25% in the second hour, so that normal excretion of the dye is in the vicinity of 75%. Diminution of the kidney function, such as is often found in prostatism, is readily estimated by this test—the amount of colour in the urine being compared with known colour charts in the laboratory. If the student nurse

Drawing by Marguerite Routh

is new to the service, this test is explained to her and she is made responsible for the forcing of fluids (water) and the collection of the specimens.

The next morning, Mr. Jay is prepared by saline enema for a cystogram. Sodium iodide 4% is introduced through the catheter into the bladder for visualization; this is opaque to the X-ray, and the bladder then shows up as a solid organ and, from the film, one can judge the size, shape and condition of the bladder wall, and the amount of intrusion of the enlarged prostate into the bladder cavity. Blood is taken for non-protein nitrogen and creatinine content, and a routine Wassermann test is made. On requisition, Mr. Jay is given a complete physical check-up by a medical consultant and if necessary an electro-cardiogram is done.

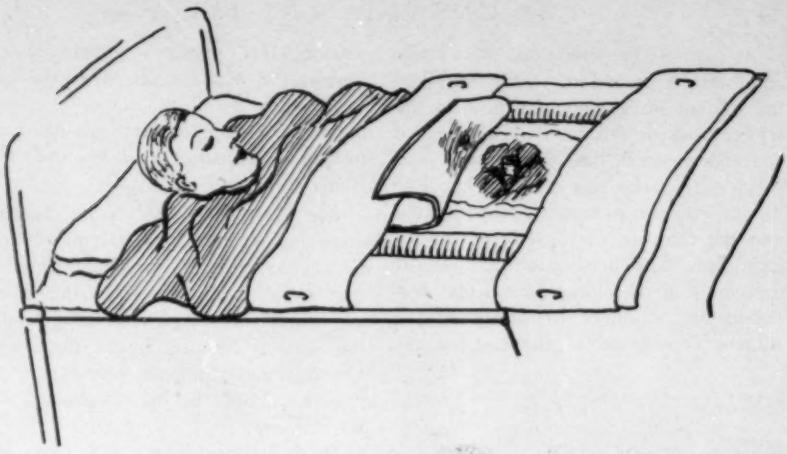
During the next few days, the doctor decides whether Mr. Jay should have a prostatic resection — that is a removal of part of the prostate by means of the resectoscope—or a prostatectomy, that is the removal of the whole gland through a supra-pubic incision. If a prostatectomy is decided upon, this operation can be done in one or in two stages. As the majority of these patients are elderly, and their cardio-vascular system has suffered from the effects of the urinary obstruction, the two-stage operation is usually preferred.

The first stage consists of a supra-pubic cystotomy, which drains the bladder by means of a supra-pubic tube called a mushroom catheter or Pezzer tube, which is shown in the accompanying illustration. By way of preparation, Mr. Jay has learned to drink plenty of water, has had little or no worry about his bladder, and has grown accustomed to life on the ward. His pre-operative sedative is ordered and, after the administration of local or gas anaesthesia in the operating room, he returns to the ward surprised to know that" the first stage is all over". By means of a sterile glass connecting tube, and a short rubber tube, the nurse immediately arranges the Pezzer tube so that it will drain into a sterile urinal at Mr. Jay's side. Water, in sips, is given almost at once — and nourishment is increased as tolerated.

For the next ten days, the bladder is washed out daily by the interne through the supra-pubic tube, and the dressings are changed. The student nurse gives particular care to the skin of Mr. Jay's tired old back, sees that he is placed comfortably in a semi-Fowler's position, and then lowered for a while and turned on either side. She watches to make sure that water is taken freely, and that Mr. Jay's appetite is catered to as far as possible.

This supra-pubic drainage is maintained for several weeks or even longer and during this interval the heart improves, the kidney function comes back nearer to normal, and the patient is much better able to stand the second and major stage, which involves the removal of the prostate gland.

All this good care prepares Mr. Jay for the second stage of the operation— the prostatectomy. When he returns from the operating room, a tray is ready at his bedside with the equipment necessary for the removal of blood clots from the bladder. These include the following articles: (a) sterile clot forceps in a jar of sterile water; (b) sterile dressings in a bowl covered with another bowl; (c) sterile kidney basin with dressing to receive clots; (d) a bowl containing scissors and tissue forceps. The following articles are also in readiness for draping: flannelette sheet; flannel nightingale; 2 kidney pads; 2 dressing towels; 2 safety pins; a huge paper bag for disposition of soiled dressings.



Drawing by Marguerite Routh

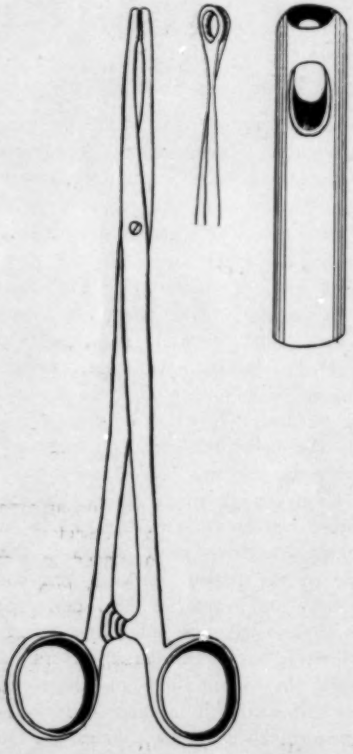
Illustration showing method of draping.

During the operation, a Freyer tube has been placed well into the bladder with its upper end extending about one inch above the abdominal wall. As shown in the accompanying illustration, the Freyer tube is a short wide tube with openings at its lower end, which serve to drain the urine and blood from the bladder. Immediately after operation there is a tendency for clots to form which, if not removed, will block this tube. It is therefore necessary to explore the tube with the blood clot forceps at frequent intervals and to remove the clots. There is no set rule as to how often this should be done. In some cases the procedure must be repeated every five minutes or even oftener but, as the day goes on, clot formation is usually less severe and the intervals become longer. In all cases, however, close attention is necessary, because, although there may be few clots, the urine is constantly draining from the Freyer tube, and the dressings must be changed frequently so that the patient is kept dry and comfortable.

The method of draping shown in the illustration greatly facilitates the frequent dressings, and avoids disturbing the patient unnecessarily. The upper drape consists of a warm flannel nightingale, worn over the gown, to which a dressing towel is fastened with safety pins. This upper drape remains in position between dressings. The lower drape consists of a flannelette sheet folded lengthwise and placed under the upper bedclothing. A dressing towel is pinned to the upper edge, as shown in the picture. When the dressing is finished, the bedclothing is drawn up to cover the patient.

Kidney pads, made of non-absorbent cotton covered with cheesecloth are folded lengthwise and placed at either side of the patient to keep him comfortable and warm. A third kidney pad, secured at its upper edge by a band of adhesive, covers the dressings. The use, under the patient's hips, of "sheet-ends" has helped greatly in keeping the patient comfortable, in the care of his back, and in lessening the nurse's work and saving laundry. These "sheet-ends" are just what the name implies, ends of old drawsheets hemmed and marked for use on our ward.

As soon as the patient has been made comfortable, a bedside clinic is given for student nurses who are new to the service and an outline is quickly given concerning what has been done, and why, during the past two weeks. The draping of the patient is demonstrated and the function of the Freyer tube is explained. The need and method of removing blood clots is carefully described and, subject to supervision, a student is assigned to the care of the patient. Her principal duties are the removal of blood clots with the clot forceps through the Freyer tubs; changing wet dressings for dry; giving water to drink and, as tolerated, tea and other fluids.



Drawing by Marguerite Routh

Two views of clot forceps. The Freyer tube is shown at the right.

Mr. Jay does very well, although morphine grains 1-6 hypodermically may be necessary once or twice during the first twenty-four hours. In the morning, if there is no sign of bleeding and the urine is draining freely, the Freyer tube is removed and the urine continues to drain from the open wound on to the dressing.

If the dressings are not frequently changed the skin will become excoriated and covered with foul-smelling calcareous deposit. The skin may be covered with a thin layer of vaseline, but the frequent changing of dressings is essential.

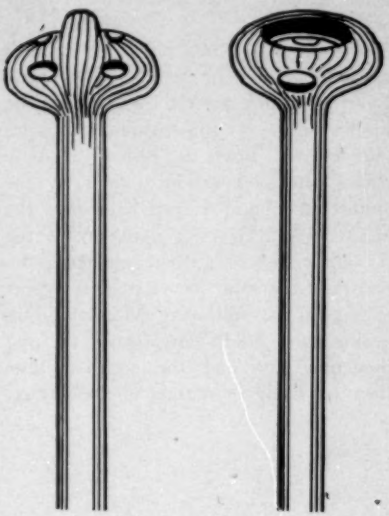
The nursing care is much the same for the second twenty-four hours, except that there are no clots to be removed. On the second morning the packing in the prostate cavity (if it has been used at operation) is removed from the wound and another type of Pezzer tube is inserted to drain urine from the bladder. A sterile glass connecting tube and a piece of sterile rubber tubing connect the Pezzer tube with the sterile urinal. Mr. Jay is now much more comfortable, his dressings are dry, and he can change his position more readily.

It is most important that the patient should not attempt to void urine. The interne makes sure, by irrigation of the Pezzer tube, that continuous drainage is established thus preventing the urine from trickling over the prostatic bed through the urethra. Should this occur it would cause local irritation and possibly provoke a severe chill. The nurse must give close attention to the condition of the patient's back, and should also supervise the local care given

by the orderly, and make certain that the patient is kept clean and dry at all times.

On the tenth day, the Pezzer tube is removed by the interne and now again the dressings must be changed frequently because the urine drains directly from the wound. Fortunately this condition only lasts for a short time because, if the patient is in good condition, the wound heals quickly and well. Then, a few mornings later, Mr. Jay's nurse knows at a glance when she enters the ward that he has good news to tell. His dressing has not had to be changed since midnight and he is able to void — often, yes, and not much at a time — but without difficulty. The nurse is as delighted as Mr. Jay and after three or four days he is allowed out of bed and very soon his family receives word to come and take him home. They are given instructions as to his care and are asked to bring him to the genito-urinary service of the out-patient department for a check-up at the end of four weeks.

Of course all patients do not have such a happy uneventful recovery as Mr. Jay. There are those who must be fed by intravenous infusions, or who develop complications either of the urinary tract, the genital tract, or of the pulmonary and cardio-vascular systems. At this point a word should be said concerning medication. There is a standing order that all patients with a retention catheter or a supra-pubic tube, and all first and second stage prostatectomy patients receive mist. urotropin with acid sodium phosphate three times daily in appropriate dosage. Ammonium chloride is often ordered instead of sodium phosphate. Sulfanilamide is not used routinely in these cases, but in some of the complications that might arise, such as epididymitis or urethral fever, it is of value if used in moderate doses.



Drawing by Marguerite Routh

Two types of Pezzer tubes.

About 50% of our patients suffering from prostatism are treated by the other method, prostatic resection. By the use of the resectoscope, the lobe which interferes with the urinary stream is removed through the urethra by means of an electrified loop. After cystoscopic examination, the urologist decides whether resection is preferable and if so it is performed in the cystoscopic room, usually under spinal anaesthesia. The patient returns to the ward with a retention catheter to which a short piece of sterile rubber tubing is attached by a glass connecting tube. An irrigation tray is ready at the bedside, and the retention catheter is irrigated frequently with warm boracic solution so as to remove blood clots which might block the catheter. As the return flow clears, the intervals between irrigations lengthen. Five or six days later the catheter is removed, and the patient finds that the difficulty in voiding from which he has

been suffering has completely disappeared.

An organized teaching program is carried on in our urological service. Every morning, after the reading of the night report, a fifteen-minute discussion follows. There are also the bedside clinics and observation periods in the cystoscopic room. Every Saturday, the head nurse receives a notice from the Training School Office listing the names of the students who are to report to her on the following Monday. This notice states briefly any special training they may have had, the length of time they are likely to remain in the service, and whether or not they are to be assigned to night duty. This information helps the head nurse to make suitable teaching plans for each student. Monday and Friday mornings are regular operating days and on Mondays and Thursdays all routine blood examinations are done. Each Wednesday morning staff rounds are made followed by a conference at which interesting papers are given by various doctors. The student nurse usually remains in the service for from four to six weeks and thus has ample opportunity to acquire a practical knowledge of and an all-round experience in urological nursing.

The I. C. N. Keeps in Touch

Correspondence received from I.C.N. Headquarters shows vividly the great and kindly effort which is being made by our International President, Miss Effie Taylor, to keep in touch with nurses in the different member countries. A series of eight letters has been sent out since Headquarters was temporarily transferred to the United States of America, giving the representatives in the national Associations such information as is available and also many interesting facts about the routine business which is being carried on by the acting executive secretary, Miss Calista Banwarth.

It seems fitting that our members should know how sincere is this effort to keep alive the tradition and spirit of the International Council, and how great is the part played by the President. The following excerpts are taken from the eighth letter sent to each member country under the signatures of the president and the acting executive secretary:

The committee and research work of the Council has been limited largely to what could be done in the Western Hemisphere. We have been in touch with many of our members, having received one or more letters from twenty of our National Associations, and five associate representatives. We are grateful for these messages — encouraged by the work that we know is continuing in many countries even in the midst of hardship and personal sacrifices.

What lies before us as a Council we cannot say at the moment. We do know that the fundamental principles on which we were organized will keep us together and preserve our unity until we can meet together at our next Congress. We all need stimulation and encouragement to carry on in these troublous times. We hope that our letters from temporary headquarters will bring you a feeling of nearness — a feeling that we belong to each other, and that it is

our privilege to serve you in any way that we possibly can.

With this letter, again comes the assurance that we are thinking of you and praying that peaceful times will be with us soon.

In a later communication, we heard that the I.C.N. was invited to send a representative to the Pan-American Conference of the League of Red Cross Societies, held in Santiago de Chile. It is a happy coincidence that Miss Lawler, formerly superintendent of nurses at Johns Hopkins Hospital, had planned to spend the winter in South America and is willing to represent the Council at this conference. Knowing the great interest Miss Lawler has taken in both I.C.N. and Red Cross matters in past years, her appointment will give a great deal of satisfaction to members in many parts of the world.

— G. M. F.

Nursing in China

MURIEL McINTOSH

In considering nursing in China one rolls back the years, and in many respects faces conditions not unlike those which confronted Florence Nightingale and her associates. China's problems in almost every field are prodigious, but perhaps one of the greatest is disease. Another tremendous problem is illiteracy which of necessity has a definite relation to sickness and disease. Of the heroic efforts to cope with these problems we shall not speak but shall confine ourselves to certain aspects of nursing in that land across the Pacific.

The history of nursing in China covers a period of time similar to the period of missionary activities—over fifty years. In almost all cases, the first beginnings of modern medicine came with the missionary, and with medicine came nursing in some form or other. However, it was not until 1914 that nursing education was recognized and registration of nursing schools was commenced under the Nurses Association of China. Since then approximately six thousand diplomas have been issued to graduates from China's nursing schools. Six thousand nurses for China whose population is over four hundred million!

Much could be written of the work of the Nurses Association of China, its organization, education, standardization, translation, and so on, but that is a story in itself. It suffices to say that great things have been accomplished and that today China's standards for nurses compare favourably with those of other parts of the world. Through her representatives on the International Council of Nurses she keeps in touch with world nursing activities.

Nursing in China might apply to quite a variety of experiences. For instance, in a British hospital in Hongkong, in an American hospital, such as the Rockefeller in Peiping, private duty in Shanghai and so on. But we shall push back inland and see something of nursing in Szechwan, one of China's great western provinces with a population of sixty-nine million. There are a number of

training schools in the province registered under the Nurses Association of China. Of these one of the oldest is the training school for nurses of the Men's Hospital in Chengtu which was established more than twenty-five years ago. Some years later the Chengtu Hospital for Women and Children opened a training school also. The students here were all girls, while in the Men's Hospital all were boys.

These years have seen tremendous changes in almost every phase of life in Chengtu, especially in relation to medical and nursing education. But it is still not so very long since a nurse graduating from the Men's Hospital did so with the hope of being a doctor. This may seem quite absurd to us, but when one considers that there were no doctors it is not so strange. True, there were the old style Chinese doctors who knew a little about medicines, but knew nothing of anatomy and physiology, not to mention all the other sciences which a medical course includes. Small wonder then that a nurse with three years' training could find ample scope for practice as a doctor. But the passing years brought the establishment of a University and a School of Medicine. Graduate doctors emerged, and with their advent nurses became nurses again. However, as recently as 1934, most of the army doctors in Szechwan, were simply nurses and not all even graduate nurses.

September, 1934, brought to the Men's Hospital an event which seemed to mark a new era. Girls entered the training school for nurses. Until that time in the province of Szechwan, girls or women had never cared for male patients. Hospitals with both men and women patients trained both men and women as nurses, but never before had women been trained to care for men. It was with considerable misgiving that some parents saw their daughters enter the training school. Careful planning was necessary and an attempt was made to foresee the difficulties and prepare for them. Some expected difficulties failed to appear, and then again unexpected things happened. For instance, a graduate from the Women's Hospital was secured as instructress and general example for the new girl students. She had been a teacher previous to training and seemed to be almost ideal for the situation, quite able to successfully deal with male patients and male nurses. Imagine the dismay with which it was realized that she and one of the graduate male nurses had fallen head over heels in love! For you see, 'falling in love' and 'choosing one's own life partner' were still ideas too modern to be approved by many of the relatives and friends of the students.

The first class was half girls and half boys. Two years later the entire class to enter training were girls—so quickly did the change take place. And quickly also a change was noticed in the quality of the nursing care. It seems to be only the exceptional male who has a real knack for bedside care. Organizing, supervising, and many branches of public health work, can be most successfully handled by male nurses, and China will have need for many male nurses for years yet. There are still so many places a male nurse could work where a Chinese girl could not go. Again the years have brought changes, and these years of war with Japan have meant a swift march of events in Chengtu. To the training schools it has brought union and now the Men's Hospital is one unit of the United Hospitals of Chengtu.

And now for a closer look at the actual conditions of nursing. What sort of equipment does one have to work with? What types of cases does one meet? What is the place of a nurse in Chinese society? And how can one say

conditions are not unlike those which Florence Nightingale had to face?

Imagine, if you can, nursing without any sort of water system or plumbing arrangements; no heating except a small stove in a twenty-bed ward in just the coldest weather; no laundry facilities except what a washboard and a pair of willing hands can provide. Remember that many of the necessities in the way of supplies must come from the coast two thousand miles distant, with conditions of transportation that delay and sometimes even prevent their arrival. Remember also, that one dare not drink water that has not first been boiled, that uncooked food is dangerous, that tuberculosis is everywhere, that typhoid fever, typhus, malaria and dysenteries abound, and that even cholera is not uncommon. One is surrounded by a desperate need of medical attention, accompanied by a fear and suspicion of Western medicine; a multiplicity of superstitions; a poverty that makes it impossible to pay for services rendered; and a shortage of funds on the part of institutions attempting to meet the need. These make for many heart-breaking experiences.

And the place of a nurse in Chinese society? In a society where education is so rare, anyone with the education a student must have to enter training is above any type of so-called menial labour. It is very difficult then to care for a patient without that dreaded 'loss of face'. But there is another side of the picture also. No situation so packed with life's joys and sorrows can fail to be extremely interesting. Here are two or three incidents which may illustrate.

It is 6.30 p.m., and in the wards all is quiet. Nurses are finishing up the odds and ends preparatory to going off duty. Then along the walk and in the corridors there is a commotion. The hospital gateman appears, followed by stretchers borne on the shoulders of coolies. They are set down while a doctor is called to admit the patients. In the dim light one sees there are two soldiers with gunshot wounds, crudely dressed and bleeding through the dressings. They have come quite a distance from the area where fighting between government troops and Red armies is intense. Both are captains in the Chinese army, and both quite seriously wounded. As the doctor and nurse bend down to examine the first, he says, "Don't bother about me, doctor. It doesn't really matter about me, but take good care of Captain Yao, he's so good to his men".

Here is the case of a farmer with a huge tumour on one side of his neck. It is so large and heavy that he must carry his head on one side, and naturally is most uncomfortable and unsightly. He comes to clinic one day, is admitted to hospital where a benign tumour is removed and he recovers rapidly. How grateful and enthusiastic he is! Dr. W. is almost a magician! He leaves hospital to return some weeks later with a friend. The friend also has a tumour but not so large. On examination it suggests malignancy which a biopsy proves it to be. Surgical removal is impossible. It is very difficult to explain this to these simple souls who find magic easier to believe than an explanation of the facts of each case.

Then there is the man who comes to hospital with a minor wound on one leg. The wound progresses nicely but he develops tetanus. Anti-tetanic serum in the dosages he requires is so expensive and he himself has no money! After one dose of serum he is given intraspinal injections of 2 percent carbolic. For days he suffers agonies of the terrific convulsive spasms of tetanus, and hope for his recovery ebbs low. But always he has a smile and complete confidence in his recovery. Then gradually improve-

ment shows and it is with the greatest satisfaction doctors and nurses see his faith vindicated and his recovery complete. One sees failures but one also sees great results for one's labours. The interest of nursing and the joy of accomplishment are of tremendous help to the Chinese in making their adjustments to the life of a nurse. Then, too, their happy faculty of accepting life as it comes and their keen sense of humour are invaluable in any nursing situation.

For the "foreign" nurse whose privilege it is to work in China for any length of time, there is so much that makes it an experience of inestimable value. Besides the usual interests of nursing and helping to train nurses, are the new experiences. First new types of cases, providing new knowledge of treatment and nursing care required; second, new language which can produce an infinite variety of humourous or embarrassing experiences. One that was amusing goes like this: While making rounds one evening one sees a new patient in the ward, so proceeds in one's best Chinese to get acquainted. No response is forthcoming at all, just a completely blank Chinese face. After several efforts one passes on and speaks to the next patient. He responds, and a conversation ensues to which the newcomer pays no heed. Suddenly he catches a phrase, his face lights up and he exclaims, "Why she speaks Chinese!" Just a bit encouraging to realize that his blank expression was not all poor enunciation but mostly no expectation of being able to understand when a foreigner spoke. Not so encouraging to enquire about a 'wife', and then to realize that the word one has really been saying means 'cow'.

Then there comes a new knowledge and at least some measure of understanding of the Chinese people. Any degree of understanding gives one a new appreciation of all things Chinese. But best of all is the feeling of having lost something. Yes, gone very completely is the feeling of difference. As someone has put it, "We realize that it is the little things that create differences, and that in the big things of life we are at one". Whether we are born Oriental or Occidental, in the really worthwhile things there is no difference.

Vision

THOS. NASH

Each time that man makes larger glass
With which to scan the blue
Into his vision old stars pass
Which he calls new.

Where ere men dig and churn the earth
With eyes that search the mold
Into his vision comes new birth
Which he calls old.

Behind each star are other lights
Beneath each age, an age
As man can read the finger writes
Upon the page.

The compass of the whole is that
Which he has learned to see
With knowledge yet he may look at
Eternity.

The Role of the Hospital Administrator

Rev. Mother Ignatius

When we study the history of the progress made in the realm of medical science during the past hundred years, the chief impression made upon us, as members of the nursing profession, is that tremendous changes have been brought about in the functions of the hospital with corresponding developments in the character of the work assigned to hospital administrators. This is particularly true of the last twenty-five years. From "the hospice" to which the "poor and lame" came to receive such care as could be given them, has evolved the modern hospital with its three-fold function: the cure and prevention of disease, education, and research. In response to medical science and the public demand, the hospital has grown so rapidly that it now represents a "big business". A business so vital to the welfare of the community that it calls for highly specialized and scientific management.

The hospital of today is a complex institution. It combines medical services, business responsibilities, and community relationships. Such responsibilities as it carries requires skilled direction; a degree of thought and an understanding of community problems, far beyond the mere physical and professional activities of the hospital. These responsibilities require a broad vision of service, and no hospital is stronger or broader in its vision than is its administrator. In recent years the hospital has achieved a status in the community far beyond the imaginings of administrators of a few years ago. It is looked up to for leadership in the field of health and social endeavour; leadership which must be given by the administrator.

Our institutions must keep abreast of medical developments. Good administrators must be alert, progressive and courageous enough to do things in spite of opposition. It is sometimes difficult to put in force the best of policy. The wind of public opinion can blow with great force when it rises in opposition. It is well to remember, though, that kites fly highest when set against the wind, and most of the greatest achievements of life were attained after struggling bravely against the winds of public opinion. One of our leading educators maintains that he is only at his best when he meets with keen opposition. This, however, does not imply stubborness, nor the imposing of one's will at all times and under all circumstances. Nothing could be more disastrous than haphazard planning without definite aim or direction. We must first study and analyze our problems, take advice from those competent to advise, accept and even invite constructive criticism, and use every legitimate means to help solve our problems and shape workable and well defined policies. A great authority on hospital matters never tired of repeating: "Find the facts, filter the facts, focus the facts and then face the facts, fearlessly". When this is done we are ready for the battle and we must strengthen our determination to face opposition bravely. With presentation of the facts and determination to do what is right, opposition will soon cease, and our opponents will become the best friends of the hospital and its policies. For opposition to hospital policy is usually the result of ignorance.

The role of the administrator today in establishing the proper relationship

between the medical staff, the board of directors, the personnel, and the public is of paramount importance. The administrator is the connecting link or officer between these various groups and the hospital. Through her, the needs and functions of the different departments are made known to these groups and thus mutual good will and co-operation are fostered among them.

It requires considerable tact and understanding to create a good spirit between the hospital and the medical staff. While the services of the latter are indispensable, the administrator must be aware of approved standards of work and enforce the observance of certain definite rules and regulations relative to the proper functioning of the institution. On the other hand, the scientific phase of the work must be stimulated, and suggestions and criticisms invited to help shape most desirable and workable policies.

The relationship between the administrator and the board of directors is equally important. This group renders the hospital a very distinct service for no remuneration whatever, and those men should at least receive appreciation and gratitude. They have no time to study modern trends in hospital service and here is where the wise administrator will play the important role of educator. It is a duty incumbent upon every administrator today, never to tire of informing the governing body as to modern methods relative to efficient hospital service, thus rendering the necessary leadership, and inspiring initiative to shape activities along lines of present day thinking.

In the absence of a definite public relations program, the administrator must assume the role of interpreter to the public. The problems of the hospital must be interpreted to the community and the demands and needs of the community studied and interpreted to the hospital. This helps to create a spirit of sympathetic understanding between the hospital and the public. Many of the criticisms hurled at our hospital today could be eliminated if our institutions were fully understood by the public.

Our hospitals must be recognized in their communities as scientific developments in every department. The human phase of the work must also be zealously guarded. Hospital workers should render their services in each department with courtesy and kindness in order to bring comfort and solace to all who come within their portals. In this way our hospitals will gain the confidence of the public and constantly increase in efficiency.

Administration of any activity today offers problems unknown twenty-five years ago. In hospital administration these problems can be successfully solved by a well defined system of organization whereby each department is a complete unit working in complete articulation with the composite whole. In a well organized hospital the administrator will co-ordinate all working units so as to prevent any clashing of interests, and unnecessary loss of time and effort.

Conducive to close co-operation and co-ordination is the periodic staff conference for the heads of departments. Here misunderstandings are set right, thoughts are clarified, constructive criticism becomes a duty, suggestions are offered freely, harmonious adjustments are made, and good results inevitably follow. A practical program of education for the personnel, including "the forgotten man" and "the forgotten woman" who perform the more menial duties is of very definite value in stimulating the interest of the various workers in their respective duties and the general running order of the institution. An attitude of understanding should

exist between the hospital and the employee. The employees should be helped to a realization of the fact that they are part and parcel of the hospital family and we will be amply repaid in this respect for our efforts by their loyalty and better service.

Sometimes employees are found to be gifted intellectually. Special effort should be made to cultivate such talent. A study club program, well planned and properly directed, would be of particular educational benefit to the employee, and would give the administrator a contact with the non-professional staff which would help her to understand each one individually and be more sympathetic in dealing with them. It is a sad commentary on most of our modern hospitals, that while we recognize our responsibility to the community and try to expend some energy in solving community problems, insofar as they touch upon health, no effort is made to study, understand or meet the problems of the personnel.

If the administrator is to play the important role of educator effectively and give the necessary leadership for the efficient functioning of the institution, she must keep abreast of the times by diligent study of new materials and methods. We are living in a very fast moving hospital world. The rapid strides made in the field of prevention, demand extension of services on the part of the hospital. The bridge between public health departments and hospitals is being spanned. We can all visualize the hospital of tomorrow as a vital centre for the health education of its clientele. More time is going to be expended on prevention than on the treatment of disease. These trends in functions demand new departments and methods. Hospitals in other parts of Canada and the United States have already extended their services to meet the needs of public health programs.

Hospital administrators today must not be caught napping. There is a wealth of literature on hospital matters which should be carefully studied and assimilated. Other hospitals can and should be visited to learn and see new ideas put into practice. Such visits broaden the point of view and help us to see how others are doing things and how they are coping with the problems of the day.

Last, but not least, comes the importance of taking an active part in hospital and nursing associations. We all have some contribution to make, and let us not be selfish about it. Besides fulfilling the obligation of sharing our knowledge and experience with others engaged in the profession, we ourselves gain considerably from our contacts with these organizations. A frank discussion of our problems with others who are meeting with the same difficulties tends to stimulate our thinking and helps to work out practical solutions. The key to making these contacts permanent and effective is the regional conference idea introduced in the Provincial Hospital Association last year. This movement offers us an opportunity of establishing a very personal relationship with other hospitals and cementing a strong bond of union which will enable us all to work together in perfect harmony.

To sum up: the role of the administrator today is:

Leadership in hospital and community affairs.

Promoting efficient organization of services.

Establishing working relationship with the hospital board, medical staff, personnel, and public.

Interpreting hospital to community, and community to hospital.

Educator in the field of hospital science.

Headache

H. G. Wolff, M.D.

Headache is probably the commonest bodily complaint. Let us consider just exactly what hurts during headache, and what makes it hurt. Obviously the delicate structures about the nose, mouth and eyes are pain sensitive, and when they are irritated mechanically or by infection, headache may result. But, important though they be, these parts are wrongly blamed for many headaches. The skull is covered by soft tissues, most of which are pain sensitive. Especially so are the arteries of the scalp when they are stretched or pulled. The bony skull is insensitive. The brain has two coverings, which are in themselves almost insensitive except about the base of the brain. However, these coverings have running over and through them, arteries and veins, which are extremely sensitive to stretching or pulling. The brain itself is not pain sensitive. Indeed, it may be cut, burned, or crushed without causing pain.

Now then, what happens to these pain sensitive parts so that headache results? In the first place, anything that pulls upon, distends, or displaces the arteries and veins inside or outside of the skull causes headache. It is a common experience to have headache when one is "coming down" with a "cold" or "grip." The explanation is that the onset of any infection, usually with fever, causes the arteries of the brain to expand, and this hurts. Another cause of headache is inflammation of the coverings of the brain known as meningitis. To this list might be added the headache that results from pressure, as by tumours, upon nerve fibers not in the brain itself, but in passage from the outside of the skull to the brain.

It may be understood then, that brain tumours, inflammation, and other brain injuries cause headache only in as much as they pull, press upon, displace or inflame these vessels, coverings and nerves. When headache results from such causes it is a serious sign, and prompt medical and surgical means may be necessary to save life.

It is a mistaken, though common belief, that high blood pressure in itself is a cause of headache. The level of blood pressure has little to do directly with the presence or absence of headache. Although some persons with high blood pressure do have headache, at least half the people with high blood pressure have no headaches. Those who do, have their headache whether their blood pressure happens to be at the time, relatively high, low, or moderate. Some persons with high blood pressure actually lose their headaches as their blood pressure gets progressively higher.

Headache occasionally results from painful contraction of the muscles of the scalp and neck, due sometimes to infection, but also to abnormal and uncomfortable posture associated with tension, such as occurs in a long and trying automobile ride, or in bending over a task which must be carefully done within a limited time.

What proportion of headaches imply serious disease or damage to the structures of the head? Fortunately the answer is: only a small fraction imply serious trouble. If one were to add up all the headaches caused by brain tumours, brain abscesses, meningitis, hemorrhages and injuries to the brain and head, they would constitute

but a small percentage of the total number of all headaches.

The vast majority of headaches are varieties of so-called "sick headaches" or migraine. Migraine headache is one that recurs periodically, often over many years. It is usually one-sided at onset, but may become generalized. It is usually accompanied by nausea and vomiting, sometimes by visual disturbances, and sometimes by numbness and tingling of the arms and legs. It may occur in several members of a family. Such headaches are extremely common, costly in time, and prostrating, but are quite harmless in the sense of damage to any structure, or in shortening life.

What is the mechanism of migraine headache? Migraine headache results from the stretch of the arteries of the head, chiefly those on the outside of the skull. Indeed, it can often be observed during a one-sided migraine headache attack that the arteries over one temple stand out in relief as compared with the other side.

What can be done to stop a migraine headache? Since migraine headache may be of any intensity from a slight dull ache to one of prostrating severity, several means exist. To eliminate a mild or moderate headache, the sufferer commonly takes an aspirin tablet or this or that favorite headache mixture, and the pain goes. But when the headache is severe, other means are necessary. You will recall that the headache results from distension of the arteries of the head. Therefore physicians now administer a drug which is capable of narrowing these stretched arteries. Such a procedure usually causes the headache to diminish or disappear within three quarters of an hour. Unfortunately this drug, ergotamine tartrate, cannot be taken too frequently without danger of doing great harm. But when it is administered wisely, it may be used repeatedly with dramatic effect.

Now, what induces these head arteries to stretch so painfully? The answer is: meeting life with attitudes that produce worry, fear, tension, resentment, rage and exhaustion. These are the building blocks of common sick headache. And what kind of people get sick headaches? More than nine-tenths of them are unusually ambitious and preoccupied with success. They have "set" personalities with a desire to do things perfectly and to have things "just so," though their basic stubbornness is often covered by a smooth surface of poise and social grace. Because they are so conscientious they naturally find themselves in positions of responsibility, but also find it difficult to modify their high and fixed standards and to adjust themselves to the changing and uncertain factors of their life situations.

Strangely enough, these hard driving persons get their headaches not only while in the midst of the fray, but commonly on weekends, holidays, and vacations,—the very days they look forward to, for relaxation and rest. It is clear that there are many individuals with this kind of temperamental make-up who do not have migraine. On the other hand, it is also apparent that there are many individuals with similar character qualities who have other troubles, perhaps digestive or stomach trouble, or high blood pressure. I wish to emphasize that anyone with a personality like that described lays himself open to a good deal of trouble and stress.

What evidence have we that such emotions may be the forerunners of painful changes in arteries of the head or other structures? Bodily changes as accompaniments of strong feelings are now generally recognized. For example: an audience of a thousand people in a moving picture theatre loses about 100

pounds of water (chiefly as sweat), in one hour under ordinary conditions; but during an especially thrilling moving picture, the water output may rise to 150 pounds an hour, or an increase of 50%. Another example is: during fright, the hands may become blue and painful and their temperature may fall as much as 24 degrees Fahrenheit in a few minutes. This fall in temperature is due to a narrowing of the arteries of the hands and sweating. Or again, if a man digesting a meal is engaged in a quarrel, digestion may be stopped, often with pain and vomiting. Our common language has many phrases that describe such bodily changes, such as—"He was pale with rage," "My hair stood on end," "He got cold feet," "He got hot under the collar." Or when faced with an unpleasant situation one may say, "Isn't that a headache!" In short, it is not a new idea that headache may result from troublesome experiences.

What can one do to prevent migraine headaches? To some persons the mere knowledge of the nature of their headaches and how they are caused is enough. Once having been reassured as to the nature of their illness and how it springs, they set about by themselves to put their personal households in order. But most people need more help. These admirable persons have the defects of their qualities. They have stumbled over their own assets. They have forgotten that excessive virtue may become a fault. They have been caught in the ruts of thinking and acting, and only by a guided review and re-education can changes be brought about.

Our knowledge of headache has grown steadily in the last few years, due in part to the painstaking effort of physicians, but more especially to the sympathetic attitude and co-operation of hundreds of headache sufferers who have unreservedly contributed themselves and their headaches for analysis and study. Only through such enlightened understanding by many citizens does knowledge about man increase.

Obituaries

Betty Buchan (Mrs. J. L. Smeaton) died recently. Mrs. Smeaton was a graduate of the School of Nursing of the Western Hospital, Montreal, and a member of the Class of 1908.

Hettie Easterbrook died on October 30, 1940, as the result of an automobile accident. Miss Easterbrook was a graduate of the School of Nursing of the Children's Memorial Hospital, Montreal, and a member of the Class of 1930. At the time of her death she was a valued member of the nursing staff of the Rowan Memorial Hospital in Salisbury, North Carolina. In paying tribute to her memory, a leading pediatrician said that she possessed, in happy combination, the qualities of ability, devotion to duty, firmness and kindness. Miss Easterbrook will be greatly missed and sincerely mourned by all who knew her.

Marguerita H. Johnson died on November 13, 1940. Miss Johnson was a graduate of the School of Nursing of the Royal Columbian Hospital, New Westminster, British Columbia.

Health Aspects of the Basic Course

MILDRED WILKINS

In response to a very definite need, the nurse of today has become a community worker and educator. She is found in cities, towns and rural areas alike, working in the homes, the schools, and in industry carrying on the work of the prevention of disease and of public education. Unfortunately, nursing in the hospital and nursing in the community seem to have developed as two distinct branches. This division has led to deficiencies on both sides. The nurse in the community has not always kept pace with the newer developments of medical science and hospital treatment. The nurse in the hospital has little knowledge of the work carried out in the community. More and more this separation has been felt to be a mistake, and so two things are happening. The nurses of the community are re-educating themselves in the newer methods of treatment and are going to the hospital for observation work. The hospital nurse, while in training, is being sent out into the community so that she may familiarize herself with the work being done there and also learn something about the social and economic factors which are related to sickness and health.

The Proposed Curriculum for Schools of Nursing in Canada has outlined the functions of a nurse in a modern community. Eight functions are mentioned, the first four dealing with skill in actual nursing in hospital or home. The next three functions are defined as follows:

To be able to give instruction in the principles and practices of health as applied to the restoration, conservation, and promotion of physical and mental health.

To be able to co-operate with doctors and other professional workers; to maintain good relationships and to participate in a community program for the care of the sick, the prevention of disease, and the promotion of health.

To be able to co-operate with hospital, public health departments, public health nursing organizations and social agencies in the use of their facilities, and to assist in maintaining their standards of service for the welfare of the patient, the family, and the community.

It will be noted that the community aspect of nursing is stressed, also the fact that the nurse should "give instruction for the promotion of physical and mental health". This idea of the nurse in hospital taking part in the community-wide program of public education is not as new as it may appear. The nurse, having information that the layman has not, has always been called upon for advice by her patient. An example of this was given to me lately when I was preparing, with the students, a demonstration of health teaching in hospital. They told me that "they were asked all those questions so often", which proves that the student is doing some public education "on her own", but doing it without training or supervision, and probably only in response to questions put by the patient.

It has been said with some truth that the nurse in hospital has no time to teach, and that the student nurse is

not qualified to teach. Yet it is the nurse who gives bedside care who has the opportunity to teach. The hospital nurse has her patients in bed, and they are interested in all that is done and follow the bedside techniques with close attention. Much might be taught to the young mother, while she is in the hospital. She has more time to plan for the care of her baby than she will have after she gets home. Given the right ideas, she will avoid the mistakes that are so easily made by a mother with her first baby. The surgical and medical patient is always interested in his own health, because he is suffering due to the lack of it, and is in a receptive state of mind.

We come, therefore, to the conclusion that the nurse in hospital has great opportunity as a health teacher, and should be agreed that she must know her community, and realize that the hospital is only one of many institutions working for the benefit of the public. It has been interesting to me that most students seem convinced that teaching can be carried on successfully. Putting it to the vote of a probationer class, only three had any doubt and their reasons were sound; they thought that teaching, to be done effectively, might take more time than the nurse has at her disposal. The majority felt that everything that the nurse might say or do for the patient had teaching value. These students had been nursing on the wards for three to four hours daily, for over two months.

In any school of nursing which has introduced health education, although the programs have differed according to the need, the starting point has always been to educate the nurse of the care of her own health. The second objective is to give her community experience, and the third is to make her a teacher and community worker. How to carry out this program and to obtain the desired results is the problem. The plan that I have been trying to lay down in the School of Nursing of the Winnipeg General Hospital is the result of what I have seen done and have read about in other schools, in Canada, and in the United States. This plan is in no way final, but may be built up and adjusted as the project grows. In the probation period, fourteen lectures are devoted to the study of the maintenance of personal health. Reference is made to the physical examination of the student and her immunization program as carried out at the beginning of her training, and we discuss health habits including diet, sleep, exercise, fresh air and sunshine, posture, clothing, care of the feet, eyes, and other factors. Oral and written questionnaires help the student to evaluate her habits and to put to practical use the ideas discussed in the classroom. Two hours of this time is used in a brief discussion of mental health and attitudes.

The probation period also seems the best time to introduce the student to the community, as advised in the Curriculum:

> When the nurse enters the school, she is brought into an environment where illness is predominant and it is of vital importance that her introduction into the nursing field be so planned that she will, from the outset, relate the function of the hospital to the maintenance of health in the community and thus obtain an appreciation of the wider function of nursing as a community service.

We have tried to carry out this recommendation and, in the probation period, fourteen classroom hours are given to the study of community health, and six afternoons are devoted

to observation visits. In the classroom we study the background of public health nursing, including the functions of the provincial and city health departments and a brief survey of the various social organizations. We discuss some of our most serious public health problems, such as tuberculosis, venereal diseases and cardiac disease. This discussion deals entirely with the social and preventive aspects and does not include the medical study of these diseases. The observation visits are planned to follow certain lectures or discussions, so that the student may understand something of what she is going to see. We visit the Manitoba School for the Deaf and get a vivid picture of the work being done for the benefit of the deaf child. A city dairy demonstrates the pasteurization and care of milk. The city pumping station and the filter at the swimming baths show how water supplies may be purified. An afternoon is spent at the abattoir where the students observe the inspection and care of meat. The prevention and control of tuberculosis in Manitoba is explained to the students by the supervisor at the Central Tuberculosis Clinic.

For the final observation period, the students scatter all over the city. Some make home visits with Victorian Order nurses, public health nurses, or social workers. The Children's Aid Society and the Family Welfare Bureau arrange for visits to be made with their workers. Other agencies visited include the Grace Hospital Annex for unmarried mothers, the Cancer Relief and Research Institute, the Children's Home, the Juvenile Court, and the National Institute for the Blind. We try to make sure that the class as a whole knows what each agency is doing. The response has been good and the students have shown a good understanding of what was observed. Questionnaires on health have been well answered, and the majority have been frank in their evaluation of themselves and of their own health habits—more so than I had expected.

The only project that has been completed, past the probationary period, is an arrangement for one afternoon of clinic observation in the fifth or sixth month in training. This is designed to increase the student's understanding of the patient as an individual, and to let her see something of the problems that often lie behind hospital attendance. The student is relieved of ward duty for the afternoon and goes to the out-patients department. There she is introduced to a patient, preferably one who is attending clinic for the first time. She goes through the clinic with the patient, talks to her and tries to get to know something about her. Having no responsibility for the work of the clinic, and not having yet reached the point in her training where she would be critical of the actual techniques carried out, the nurse is free to observe her patient and to see just what this experience may mean to her, and if her particular need is met in the best possible way. Papers are written and are discussed in class, and emphasis is always placed upon what the nurse may do to help in any given situation.

As far as our School is concerned, the rest of the program is in the planning stage, and will be flexible according to need. It is felt that no more than has already been outlined can at the present time be added to the first year, since there must be allowance for night duty, holidays and many other lectures. In the second year, a certain study of mental hygiene, its background, beginnings, and the work now being done might be considered. A study of the physical and mental development of the normal child should

be of great value to the nurse and would serve as a vehicle to illustrate mental hygiene principles. Medical and surgical case studies, emphasizing the social and economic aspects, with a visit by the student to a selected social agency, might be carried out with advantage.

In the third year, some lectures on public health could be arranged so as to fit into the lectures that are already given on social conditions. Community experience should also be given at this point, the time allowed being from two weeks to one month for each student. This experience should be with a public health nurse on the hospital staff. She should also give group or individual instruction to the students so that they may better understand its significance and practical application. I feel sure that those organizations in the community that may be called upon to help will meet us half-way. Already, splendid co-operation has been shown.

We are thus trying to train nurses to have a public health point of view, no matter what work they may finally do. We also want to teach them to be health educators. In most schools of nursing where health education is in progress, lectures on teaching methods have been placed in the intermediate year. Because the lectures of the intermediate year are usually heavy; and also because the period during or immediately after the student has had her community experience seems to be the time for her to put her knowledge into practical use, we plan to consider teaching methods in the third year. There should be opportunity for actual teaching both in classroom and ward, the latter under the supervision of the head nurse. A few special patients, giving a definite field for teaching, might be assigned to the student and in this way she would learn how to teach by actual experience. It is obvious that the whole hospital staff must be enlisted to help, if this emphasis on education is to be well integrated.

Now let us consider some of the difficulties that are going to be encountered. In the actual administration of such a course, the main difficulty seems to be that the nurses working day and her schedule of lectures are already full to overflowing. The hospital relies upon the student nurse to care for the patients, and pressure is placed upon her to get as much work done as she can in the time allowed. The inevitable response of all probationers when questioned as to how they are getting on in the wards is: "I like it very much, but I don't think I'm quick enough". Obviously the hospital must have her services, but should the entire burden be placed upon the student nurse? The lecture schedule has grown steadily as our knowledge of medicine and nursing techniques has also increased, until today the student is carrying about all she can. Her lectures are usually taken in her hours off duty, and her opportunity to get out into the open air in the middle of the day, or to rest, is definitely limited. Even the probationers find it difficult to put into practice all the health rules discussed in the classroom, and they must find it still more difficult as training advances. Nevertheless, we must remember that nursing education has improved steadily down the years and it is reasonable to suppose that improvement will continue.

Courtesy of the Canadian Red Cross Society

The Lamp Still Burns

The nursing historian of the future will gather some glorious pages from the current issues of the British Nursing Journals. Now that the veil of censorship is lifted, we know that many famous hospitals in London and in the provinces have sustained severe damage, and some have had to be evacuated. Among them, alas, is St. Thomas's Hospital, the cradle and the shrine of modern nursing. The walls of the seven beautiful pavilions still overlook the riverside terrace, but the windows and the roof are gone. Yet, in the basement rooms, emergency services are still being carried on. The Lamp still burns with a steady flame. Never before have nurses been confronted with disaster on a scale such as this, but to their everlasting credit be it said, British nurses have risen to the occasion magnificently and no matter how terrifying the emergency they have met it with courage, and resourcefulness, even with humour.

Nurses all over the world will be grieved to hear that the famous and familiar "15 Manchester Square" has been wrecked by a bomb, and that only one pillar of the hospitable doorway remains. The College of Nursing building had to be temporarily evacuated, because of the presence of a time bomb in the Square. Yet its official organ, *The Nursing Times*, made its appearance as usual and with only a casual reference to the difficulties under which it had gone to press.

Examinations for State Registration are proceeding, although, in one large centre when the desks failed to arrive, the candidates had to sit on the floor and use their chairs as desks. In one provincial centre, the official typed examination sheets could not be delivered in time, so the questions were written

out on a blackboard and all went forward according to plan.

Casualties in the bombed hospitals, although lighter than might have been expected, have led to loss of life among patients and staff. A typical example of the courage under fire of the younger nurses is given in the following excerpt from *The Nursing Times*:

A member of the administrative staff, in tin helmet and mackintosh, went to a block which had been damaged and helped the staff to get patients down the fire escape and across to a neighbouring block. In the midst of the proceedings she heard a whistle of another bomb and, being an old campaigner and thinking her last moment might have come, she threw herself flat on an empty bed she wa passing. At once she felt the warm pressure of someone's hand in hers and the calm voice of a young probationer: "It's all right. Hold on to me if you are frightened."

Personal letters, coming from England, usually mention the devastating effects of broken sleep. All other personal discomforts, and there are many of them, seem to be bearable in comparison with nights made hideous by wailing sirens and the din of anti-aircraft guns and falling bombs. Nurses on night duty know from experience how difficult it is to sleep in spite of ordinary daytime noises, and we marvel at the endurance of women who must somehow snatch a little rest under the appalling conditions which prevail in London. In the *British Journal of Nursing*, Mrs. Bedford Fenwick gives a stimulating summary of the Spartan philosophy which makes such endurance possible:

Work and sleep. Together these two are gifts from the gods.

Few humans can perfect the former without the solace of the latter, and it is the instinct of a fiend to attempt to deprive us of either. Yet this is just what has become the most dangerous weapon wielded by the enemy. Without work, our implements of protection and attack must fall far short of what is necessary to win this war, and without sleep work soon becomes impossible. Therefore, we must take tight hold and enjoy both.

Whatever attacks the enemy may make in the Bomb War on Britain, tight little island, now as ever, whether the warning is sounding or not. *go to bed* and stay there, woo sleep, on a full stomach, an interesting book and a clear conscience. Arise as usual, and, after care of the inner man, go forth to the day's labour and do your duty in support of the valiant men fighting and dying for us night and day.

There is no reason for women to be prancing about in khaki, bristling with brass buttons to play their part in support of the fighting forces. The daily round and common task is the fate of the average woman, and those who go about them keeping tight hold of Duty are the salt of the earth, and are helping to win the war as surely as their more spectacular colleagues.

In the same issue of the *British Journal of Nursing*, Mrs. Bedford Fenwick recalls that, during the Greco-Turkish War in 1897, she had the honour of organizing and commanding a contingent of thoroughly trained nurses who served in Greece throughout the campaign.

In the intervening years, nursing education has progressed rapidly in Greece and a fine group of well prepared women is now ready for service. In its ranks will be found some of the young nurses, shown in the accompanying illustration, all of whom are members of the staff and student body of the Red Cross School of Nursing in Athens. Their grace and charm, like the courage of their fighting men, are worthy of the classic tradition of which the Greek people are the proud inheritors.

Laboratory Training and Bedside Nursing

EDITH SHORE

In the School of Nursing of the General and Marine Hospital, Owen Sound, training in laboratory work is given to the nurses early in their course in order that they may understand the principles of bacteriology which underlie many of the nursing procedures. The nurse of today is recognised as one of the most important agents in the field of preventive medicine. This is demonstrated by her share in the control of communicable diseases, where she not only cares for the sick but teaches hygienic measures which will aid in the conservation of health and the prevention of disease transmission. In infected wounds, or in the prevention of infected wounds, it is the nurse who cares for the instruments, gloves, dressings, and linen which are used in all surgical procedures. In certain types of infection that may spread from one part of the body to another (as from one eye to the other) it is the nurse who is held responsible. Nurses are expected to interpret intelligently the pathological and laboratory reports which are sent to the ward, such as cell counts, agglutination test, cultures, and urinalysis reports. Nurses must understand why isolation technique is an important procedure in preventing the transmission of disease.

All this includes a great deal of public health teaching which, if the nurse has had a firm grounding during her probation term, will afford her ample opportunity to impart it to her patients as she continues her training. Early laboratory training gives her a new insight into the cause and treatment of disease. During her laboratory term, she becomes accustomed to the bacteriological terms, the classification of organisms, their individual characteristics, and the treatment used to prevent the spread of each disease, also the specific treatments and the results. This impresses her with the importance of absolute aseptic technique on the wards, and the rapid spread of infection as the result of poor technique. It also enables her to understand the cause of death and, during the post mortem examination, actually to follow the course of the disease and the reaction of the different organs of the body.

Theory is followed by practical work, which I believe produces a lasting effect. Each nurse during her term in laboratory work, does sixty urinalyses (under supervision) of the patients she is nursing at the time, and thus correlates the findings with the patient's history. If blood work is ordered, such as hemoglobin, red and white cell count, blood grouping, sedimentation rates or a blood culture, the nurse watches the technique of the taking of the blood and, later, of the test itself. The test is thoroughly explained and the results are shown to her and in turn compared with the findings in normal tests.

Diseases such as tuberculosis, pneumonia, septic sore throats, septicaemia, diabetes, kidney disorders, and many others are more clearly comprehended after a few days in active contact with the tests performed in the laboratory. Students have more regard for certain ward rules and regulations for collecting specimens accurately, and in the proper containers. They understand the effect that each specific medicine has on the different organisms in disease and can therefore administer it more intelligently. They understand

more about the value of fresh air, and the effect which impure air has on the body and on the circulation of the blood.

I firmly believe in early teaching of bacteriology to the students, which should be followed up with more intensive study probably in the senior or intermediate year. Sufficient laboratory training enables the nurse to go out into the world with a greater degree of confidence in her own ability, thus ensuring her patient of the intelligent service that she is in a position to give.

Ontario Nurses War Fund

Early in June 1940, Miss Jean Frew, a graduate of 1893 of Guelph General Hospital, asked the question: "What financial contribution are Ontario Nurses as a group making toward war work?" This led to an enquiry being made among leaders in nursing activities, and it was decided that a fund could be raised, but should be done through a committee representative of various provincial nursing organizations.

One week later the following committee had their first meeting: Chairman, Miss Mary Sunley, vice-president, Toronto Unit, Overseas Nursing Sisters Association; Miss Marion Henderson, director, home nursing and emergencies courses, Red Cross Society; Miss Gladys Sharpe, second vice-president, R.N.A.O.; Miss Mary Macfarland, supervisor, Toronto General Hospital; Miss Helen Heffernan, superintendent, St. Elizabeth Visiting Nurses Association; Miss Ethel Greenwood, assistant superintendent, Toronto Branch, Victorian Order of Nurses; Miss Ruth Ramsden, member of the Council of the Central Registry of Graduate Nurses of Toronto; Miss Jean Frew, non-active registered nurse; Miss Esther Rothery, superintendent of nurses, Ontario Hospital, New Toronto; Miss Edith Dick, inspector of training schools for nurses in Ontario.

It was decided at this meeting to collect ten thousand dollars for emergency surgical units, as Dr. F. W. Routley had advised these might be urgently needed. Letters were sent to superintendents of all hospitals in Ontario, presidents of hospital alumnae associations, and chief executives of various nursing organizations in the province. The first contribution was a substantial cheque given by Miss Jean Frew. From then on, through the vacation months of July and August, the money poured in most amazingly until, in less than seven weeks, more than $8,000 was received. Such a spontaneous response made the committee consider it advisable to keep the fund open to allow others who might be equally anxious to make their contributions. But no further publicity was given, because of the Red Cross campaign in September.

It is interesting to note that the students of the three schools of nursing in Kingston raised over $700. by a tea and bazaar. Also, we are pleased with the fact that many nurses whose homes are in Ontario, but who are now working in the United States, have sent in very helpful cheques. Special mention

should be made of the members of the Roosevelt Alumnae who, living in Toronto, raised a very substantial fund although we know they had all given liberally already to various war efforts.

Now the fund stands at $9,535.17, and the committee hopes the objective will yet be reached as there are still some groups to make their returns. The services of the executive secretary of the R.N.A.O. have been so generously given, and as all expense pertaining to the collection of the fund has been borne by the committee, every dollar received is used for the purpose of supplying these units to the Red Cross who are anxious to have them ready in case of emergency.

GLADYS SHARPE (Matron)
Toronto Military Hospital,
R.C.A.M.C., C.A.S.F.

A True Western Welcome

When twenty-five British guest children arrived in Saskatoon they were quartered at the School for the Deaf until arrangements were completed for their placement. During their week of residence, the Saskatoon Registered Nurses co-operated with the committee of citizens responsible for their care. Members of the Association gave voluntary service so that there was a nurse in attendance night and day, a novelty that was enjoyed by our British guests. Some members of the Association also conceived the idea of sending newspaper accounts and pictures of the arrival of the children to their parents. The local newspaper co-operated by supplying the issues and wrappers which the children and nurses addressed. Many grateful letters were received from the parents. One parent, doubtless expressing the thoughts of many, says:

I want to thank you very sincerely for sending me the news of my children's arrival in Saskatoon. Perhaps you can imagine the joy I felt when I picked up the paper and opened it to see my dear children looking so fit and happy, and when I read of the tremendous welcome which you people gave them I was more than happy, and their dad, too. I do not need to worry for their welfare because I know whoever takes them without doubt will love them and take care of them until this horrible war is over. I have shown your paper far and wide till there is nothing much left of it. People are so anxious to read about the welcome the children received.

Morning inspection

All in the Day's Work

Hilda St. Germain

On Saturday someone telephoned from Mile 69 saying that a young man was very sick there, and by what they said I thought he had appendicitis. The blizzard was so bad that the section foreman could not make the journey to fetch me. The patient lived about twelve miles away, the gas car had gone, and there would not be a train to Winnipeg until Tuesday. I advised the people to lose no time, but to take the young man by team to Elma, which was as close to them as I was, and there would be a train at five o'clock.

On Tuesday the telephone rang again, saying that the young man was worse and would I come and take him to hospital. They had left him all that time and made no attempt to get me or to send him to the hospital. I went, taking the stretcher with me. At Mile 69 they were waiting with the young man lying on a feather bed on the sleigh. One look at him was enough — he was dying and in great pain. I told the parents they must come along as I did not think he would live to reach Winnipeg. But they refused, saying they could not do anything. I did what I could to make the poor boy easy, as he was vomiting the contents of his bowel. It now appeared he had hurt himself lifting a log and the bowel had telescoped.

I shall never forget that journey. The gas car was full and the blizzard was so bad we could not see either side of the track. The telephones were all out of order and at Mile 16 we stuck completely snowed in. One of the train men had to walk to the nearest telephone and telephone the station to send out a steam train. We did not reach St. Boniface until five o'clock and we had left home at eight in the morning with the dying lad. I telephoned the Red Cross who soon had an ambulance there, and I took the patient to the hospital, where he died the same night.

I had asked a friend, Cecelia, to come and spend the winter with me as I thought the life among the pines would do her good. So I persuaded her to come back with me the next day. We had to wait two hours at the station, and the line was so bad, we had to be towed by the wood train. What a journey! There was not even standing room. The gas car was packed with lumber jacks going to the wood camps, who ate garlic and sausages. We had a corner seat which got hotter and hotter, and we were wedged in so tight we could hardly get out. Home looked pretty good to us, and Grace had a good meal ready.

The Prison Farm was turned into a wood camp about this time, and I had quite a number of patients from there, one in particular. They telephoned me the man had cut his leg and was bleeding badly. I told them what to do until I got there. The quickest way I could travel was to walk—it was a mile away. I traced the man by the blood on the snow. When I arrived I found the first aid man had done his work well. He had a tourniquet on, and the man's leg elevated. I put in three stitches and left the man comfortable. He was sent to hospital the next day.

Sometimes I had to travel long distances to see a patient. I would climb on top of a load of wood, taking pillows and rugs with me. Sandy, the pup, would run up and down the pile of wood barking defiance at everyone,

then come back and run under the rug for warmth. Grace would take the skis and put a strap at the back of the wood rack and let the sleigh pull her. Sometimes Cecelia would come too. How we enjoyed those rides, the snow sparkling in the sun, and the winter sunsets. In the evenings, the children would come and toboggan in front of the Cottage where the banks of the river were very steep. I had bought a toboggan which I loaned to them. Not that it mattered, for they used tea-trays, old boilers, or anything that would slide.

Just before Christmas, old Mrs. Fieldberg, having put her house in perfect order, left her husband and two sons to "batch" and went to visit her daughter in Saskatchewan. She had only been gone two days when the house was entirely destroyed by fire. The men had gone to the barn to do their chores and in fifteen minutes the fire had such a hold they were not able to save a thing. Poor though they all were, the neighbours made up a car of wood amongst them. This was sold and the money given to the stricken family. The Red Cross sent me two heavy quilts, and the Woman's Auxiliary of the Anglican Church also sent quilts.

It was winter time, so they were not able to rebuild until spring. They decided not to tell Mrs. Fieldberg what had happened until she sent word she was coming home. The old man and his two sons moved to a small camp, about eight feet square, built of logs, and here Mrs. Fieldberg cooked for them when she returned. I could not but admire the courage of this small, frail, old lady. She was nearly seventy years old. Her home had been a good one, and she had many pictures of her children when they were little, and many things she must have treasured for years. But she did not complain. She made a real home of that tiny camp. She put curtains, made of dyed flour sacks, on the window, she hung some Indian blankets on the walls, and the house had a really cosy appearance. All she had to cook with was a small heater with a drum oven in the pipe, but she cooked good meals for three and sometimes five men. She was up at 4.30 in the morning to cook them a good meal before they started for the woods at daybreak.

In the spring, they built a fine new log house and when the floor was laid, at the end of May, they gave a dance before the house was divided into rooms. I remember how the children looked in at the door and threw fire crackers in amongst the dancers, how Nick Fieldberg went out and took the fire crackers from the children, and how the young men sent them all the way to Rodies Store, a distance of two miles to buy more. The following February, Hokan Fieldberg brought his young bride to the new house.

In the early part of December, old Joe came home from hospital. Although he had been quite well for a week before he left he was taken very ill on the train coming home. I had to get assistance to get him to the Nursing Station and here he stayed. For three days he was very sick. I almost despaired of his life and then he improved. At the end of the week he was able to go home, and the hired man looked after him. But one day towards the end of January we were just having supper, when suddenly we heard a loud groaning. The door was thrown open and poor old Joe staggered in, doubled up with pain. I got him to bed, administered a sedative and did all I could to relieve him. As the week wore on poor old Joe grew weaker and weaker, and on Saturday I decided to take him to hospital. This was the end of January and he lived until June.

About noon the following day, the section foreman brought in a young man who had been badly scalded. He had killed a pig and when scalding it, had tripped and spilt the boiling water over one arm and both hands. He was very badly scalded. He came in every day for the next two weeks, and his arm and hands healed well.

(To be continued)

A Wise Choice

At the biennial meeting of the Canadian Nurses Association held in Calgary last June, Minerva Blanche Anderson was elected chairman of the Hospital and School of Nursing Section. This Section, formerly known as the Nursing Education Section, has now enlarged its scope to include hospital nursing service as well as education. The choice of Miss Anderson as its chairman was a particularly happy one because she strongly believes that service and education must be integrated if nursing is to fulfil its true destiny.

Miss Anderson was born in Nova Scotia and was educated in her native Province, where for a time she taught in rural and grade schools. Then she entered the School of Nursing of the Royal Victoria Hospital in Montreal, and soon after graduation, served as a Nursing Sister in both France and England during the first World War. Upon her return from overseas she joined the nursing staff of the Royal Victoria Hospital and later took the course in teaching and supervision offered by the School for Graduate Nurses, McGill University. After serving for one year as assistant superintendent in Grace Hospital, Toronto, she was appointed instructor in nursing theory at the Ottawa Civic Hospital and, in 1934, assumed the position she now holds as assistant director of nursing in this large and active institution. It is also interesting to note that she has had some experience as a private duty nurse.

Miss Anderson has always been active in nursing organizations, has done excellent work on committees and has served as chairman of District 8, Registered Nurses Association of Ontario. The philosophy which underlies her conception of nursing education can be best expressed in her own words:

> The strengthening of ward teaching seems to me the most urgent need. I would like to see much of the teaching now done in the classrooms done on the wards. Shorter hours has been one of our major objectives for years, but in the light of present day conditions, that seems much less important than seriousness of purpose, fundamental honesty in thinking and work, and a truer ideal of service and public responsibility.

Miss Anderson's interests are by no means confined to her profession. She takes great pleasure in being out-of-doors, and is particularly fond of skiing. She finds time to enjoy music, reading and good plays, and even to exercise a talent for cookery which is a delight to her friends. At a time when enlightened leadership is essential, she brings to her new and challenging task the very qualities which it demands — clear thinking, administrative capacity, and unselfish devotion.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

The Committees of the Canadian Nurses Association

In order that the membership of the Canadian Nurses Association at large may have available for reference information relating to the work of the organization as carried on by Standing and Special Committees, the following announcement of Committees for 1940-1942 is made.

There are four Standing Committees: arrangements, programme, nursing education, and publications. The functions of each committee are outlined in the by-laws of the Association. The duties of committees on arrangements and programme relate to the regular general meeting that is held biennially.

The personnel of the *Publications Committee* for the present biennium consists of the convener, Grace M. Fairley, Vancouver General Hospital, Vancouver; Jean I. Gunn; Ruby M. Simpson; and the editor and business manager of *The Canadian Nurse*.

The *Committee on Nursing Education* evolved in 1938 from the curriculum committee of the Nursing Education Section. For two years, this committee functioned as a special committee of the Canadian Nurses Association; then, at the general meeting in 1940, it became a standing committee. The objectives of the Committee on Nursing Education are:

(1) To stimulate interest and secure the co-operation of all members of the Association, through the three National Sections, in promoting sound standards of undergraduate and post-graduate nursing education in Canada. (2) To assume responsibility for the study of educational problems, and to recommend adjustments which will meet the changing needs of nursing service in all fields. (3) To carry out any educational project which may be assigned to it by the Canadian Nurses Association.

The personnel consists of the convener, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; the chairmen of the three National Sections — (1) General Nursing, Madalene Baker; (2) Hospital and School of Nursing, Blanche Anderson; (3) Public Health, Margaret Kerr; also the conveners of two sub-committees: (1) curriculum for nurses in training in mental hospitals, Nettie D. Fidler; (2) schools of nursing records, Ruth Thompson; the President and the Executive Secretary of the C.N.A., the latter serves as secretary; the presidents of the Provincial Associations: Rae Chittick (Alta.); Margaret Duffield (B.C.); Evelyn Mallory (Man.); Sister Kerr (N.B.); Mrs. Hope Mack (N.S.); Jean Church (Ont.); Ina G[illegible]an (P.E.I.); Ann Morton (Sask.); Eileen Flanagan (Que.). The province of Quebec is represented also by the vice-president (French), Sister Valerie de la Sagesse. Each provincial president is convener of a provincial sub-committee that consists of the chairmen of the three sections, and the advisor to schools of nursing.

Special Committees are appointed for varied specific purposes as indicated be-

low. The year in which each committee was first organized appears in brackets.

Florence Nightingale Memorial (1932)—To collect funds for the Florence Nightingale International Foundation, in support of the scholarship and endowment funds, as subscribed by the C.N.A. in 1934 and re-affirmed in 1938 for a period of four years. In 1939, due to war conditions, the scholarship was tentatively discontinued, and for the present biennium in addition to encouraging contributions to the endowment fund, the committee is to collect funds for and allocate bursaries and loans as may meet the need of members of the provincial associations who wish to study in Canada. Convener, Kathleen Sanderson, 1105 Park Drive, Vancouver; Sister Mary Peter, Grace M. Fairley, Marion Lindeburgh, and provincial representatives: Gertrude Stackhouse (Alta.); Mrs. E. Walker (B.C.); Isabel McDiarmid (Man.); Edna Dickson (N.B.); Jean Dunning (N.S.); Sadie Williams (Ont.); Mae King (P.E.I.); Norena Mackenzie (Que.) Ruby M. Simpson (Sask.).

Mary Agnes Snively Memorial (1934)—To aid the C.N.A. Executive in the selection of nurses on whom the medal in memory of the Founder of the Canadian Nurses Association is to be bestowed. Convener, Ruby M. Simpson, Department of Health, Parliament Buildings, Regina; E. Kathleen Russell; and Maude Retallick.

Exchange of Nurses (1932)—Until recently, the functions of this committee were to arrange for exchange of members of the C.N.A. with nurses of other English-speaking countries, and for periods of observation for Canadian nurses, as well as for nurses from other countries who wished to come to Canada for a similar purpose. For the duration of the war, the C.N.A. Executive recommended that the objective of this committee be the encouragement of interprovincial exchange and possibly within the provinces between public health and institutional nurses with due consideration to disruption to nursing service. Convener, Mabel K. Holt, Montreal General Hospital, Montreal; with Fanny Munroe, Marion Nash, Suzanne Giroux, and Jean Wilson (secretary) of Montreal; and Gertrude Allyn (Alta.), Grace M. Fairley (B.C.), Catherine Lynch (Man.), Alena J. MacMaster (N.B.), Maisie Miller (N.S.), Maude Hall (Ont.), Anna Bennett (P.E.I.), Kathleen W. Ellis (Sask.).

Health Insurance and Nursing Service (1934)—To make a study of and to keep closely in touch with health insurance schemes; to have information available as may be required by the C.N.A. in the event of the adoption of a general plan of health insurance, national or provincial. Convener, Alice Ahern, Metropolitan Life Insurance Company, Ottawa, with a representative appointed by each provincial association: Helen McArthur (Alta.), Frances Kirkpatrick (B.C.), Elizabeth Russell (Man.), Maude Retallick (N.B.), Edna Moore (Ont.), Anna Mair (P.E.I.), Fanny Munroe and Maria Roy (Que.). Representatives for Nova Scotia and Saskatchewan are not yet appointed. At the general meeting in 1940, it was agreed that each provincial association should have a similar special committee which would provide a useful medium through which studies of existing health schemes could be made; also such committees would be prepared to take the initiative in advocating the inclusion of nursing ser-

vices in health insurance schemes when such steps seem appropriate.

Legislation (1935)—This committee serves the C.N.A. Executive in an advisory capacity concerning legislation measures. Convener, Mary Millman, 7 Queen's Park, Toronto; Jean E. Browne, Edith MacP. Dickson, Florence H. M. Emory, of Toronto; and Maria Roy of Montreal. Recently the chairmen of the three National Sections were appointed advisory members to the Legislation Committee.

Eight-hour Duty for Nurses (1938)—To proceed with definite plans to secure an eight-hour duty period for student nurses, and to take steps to implement and to bring into force an eight-hour day for graduate registered nurses. A ninety-six hour fortnight should be the objective; lectures and classes should be included in the time on duty; the arrangement of time should not be left to the individual hospital, but the goal should be made a straight eight-hour service with staggered hours not more than four times in any one one fortnight. Convener, Kathleen W. Ellis, University of Saskatchewan, Saskatoon; Margaret Fraser; Edith Amas; Mary Ingham; and provincial representatives: Barbara Beattie (Alta.), Marjorie Black (B.C.), Jean Houston (Man.), Mabel McMullin (N.B.), Maisie Miller (N.S.), Gertrude Bennett (Ont.), Sister Mary Angela (P.E.I.), Fanny Munroe and Suzanne Giroux (Que.); the chairman (Miss Ellis), Edith Amas, and Mary Ingham (Sask.).

The representatives are conveners of corresponding provincial committees. At the General Meeting in 1940, the Canadian Nurses Association recommended that provincial committees on eight-hour duty consider the advisability of working in close co-operation with the provincial sections, as the question of hours on duty is closely related to living accommodation and other conditions with which the Sections are concerned, thus avoiding over-lapping of effort and so strengthening the work of committees, both provincially and nationally.

History of Nursing in Canada (1938)—To study the question of the preparation of a History of Nursing in Canada. To collect data and material for the preparation of a History of Nursing in Canada. Convener, Mary Mathewson, School for Graduate Nurses, McGill University, Montreal; vice-convener, Matilda E. Fitzgerald; Jean E. Browne; Jean S. Wilson (secretary); and Kate S. Brighty (Alta.), Mabel F. Gray (B.C.), Edith McDowell (Man.), Ada A. Burns (N.B.), Marion Haliburton (N.S.), Elizabeth L. Clarke (Ont.), Margaret Campbell (P.E.I.), Martha Batson (Que.), May Reid (Sask.).

War Services Advisory (1940)—Appointment of this committee resulted from discussion at the General Meeting in 1940 of difficulties that had arisen in connection with some of the voluntary work being done by C.N.A. members for various war-time organizations. In future such difficulties shall be referred to this Committee with a view to securing uniformity of action. Also, this committee is to be on the alert and to report to the C.N.A. Executive any matters which may facilitate the war effort of the Canadian Nurses Association. Convener, Eileen Flanagan, 3801 University Street, Montreal, with Jean I. Gunn, of Toronto; and Jean L. Church, of Ottawa.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Alberta:

Calgary Branch, Alberta Association of Registered Nurses $10.00

Ontario:

A. A., Ottawa Civic Hospital, Ottawa 15.00

Quebec:

A. A., Jeffrey Hale's Hospital 5.00

Introducing Madalene Baker

Private duty nurses are the first to admit that they are not an easy group to organize. The very nature of their work makes it difficult for them to meet as other nurses do, and there are other factors which do not favour united group action. Nevertheless, some very able leaders have been developed from among their ranks, and one of the most outstanding is Madalene Baker.

At the recent biennial meeting of the Canadian Nurses Association, Miss Baker was elected chairman of the General Nursing Section, formerly known as the Private Duty Section. In that capacity, she will have an opportunity to use her talents as a speaker and writer and will find full scope for executive ability of a high order. She is a successful and competent private duty nurse who has clear understanding, based on wide experience, of her chosen field of professional practice. She sees its possibilities as well as its problems, and as she herself puts it: "my main ambition in life is to try and improve nursing service to the public and working conditions for the nurse."

One of Madalene Baker's characteristic qualities is her courage. Although she invariably softens her keenly analytic statements with the saving grace of humour, they go straight to the mark. Nor does she confine herself to criticism —she has clear and constructive ideas about a more excellent way, and how to find it. She has given much thought and study to the whole question of the organization and direction of registries and, at the annual meeting of the Registered Nurses Association of Ontario, took part in a dramatic skit in which she impersonated a registrar in such a natural and appealing manner that she delighted her audience. There is no doubt at all about her appreciation of the human values in any situation.

Ever since her graduation from the School of Nursing of St. Joseph's Hospital, London, Miss Baker has been actively interested in nursing organizations. She has served as chairman of the board of directors of the Central Registry in London, and as a member of the R.N.A.O. committee on the formation and re-organization of registries. She is a member of St. Michael's Study Club, and enjoys reading and motoring. She is also fond of fishing, and although she would not tell us what she dreams about when she is waiting for a bite, we suspect that it has something to do with the ideal registrar of the future who will always select the right nurse for the right patient, under the right conditions and persuade her to take the call.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

To Be Continued

MARGARET E. KERR

Chairman

Public Health Section, Canadian Nurses Association

With this issue of *The Canadian Nurse*, the Public Health Section of the Canadian Nurses Association begins a new serial. Popular magazines have long realized the psychology of interrupting a story at the height of a climax and, to stimulate the sales of the next issue, the reader is confronted with the words "to be continued". In our serial, on this our own page, the public health nurses of Canada are going to present a word picture of our activities, a continued story of our development and progress, of our successes and even of our failures.

It is the privilege of the chairman of the Section to write the first chapter of the serial. Applying the psychology of the popular magazines, each edition of our *Journal* will carry an instalment. Each provincial section will have a turn in writing a chapter, as will also the executive officers of the national section. For this year, the simplest division of responsibility seemed to be on the basis of alphabetical order. Quebec has promised to sponsor two instalments each year, one from the French and the other from the English-speaking group. The actual topics will be decided locally, in consultation with the National Executive, to avoid duplication of material.

Though the need and value of a page planned especially for public health nurses has long been recognized by the majority of us, some who have not been in close touch with the affairs of the Section may ask why we are launching this project. Articles and news notes of public health interest have always been a part of the policy of the *Journal*, but there has been no considered effort to fulfil, through this medium, the objectives of our Section, namely:

1. To establish and maintain a constructive and sympathetic relationship among all public health nurses.
2. To keep the Canadian Nurses Association informed upon the progress of public health nursing.
3. To advance the cause of public health in general by fostering a high standard of service.
4. To encourage mutual co-operation for the development of a sound, broad and uniform policy of education in public health nursing.

Today, more than ever before in the history of Canada, there is a realization of the importance of public health practices. The maintenance of adequate health facilities becomes an increased responsibility with our nation at war. Not least among the services that are recognized as essential is the day-by-day work of the public health nurse. For instance, with the vast program of industrial expansion upon us, there is an opportunity for her to demonstrate more effectively than before the role she is prepared to assume in aiding in the prevention of disease and in maintaining a high level of health and efficiency among the workers. This is only one of the many branches of service wherein her worth has been and will be proved.

Public health nursing has emerged from the swaddling clothes of infancy and the awkwardness of adolescence, and is ready now to disprove the assertion that is sometimes heard, that the public health nurse, through her background and training, is likely to be a follower rather than a leader. It is time that definite standards of the minimum qualifications for the employment of public health nurses were evolved, qualifications that could be applied as soundly in British Columbia as in the Maritimes and all intermediate points. Only by the active cooperation of every public health nurse — not the national or the provincial executives but you and I in our own localities — can our goals be reached. If every one of us does her share, on the firm foundation that has already been laid, the contributions of our group to the history of nursing in Canada may be made a noteworthy development. Ours is not a static profession. Month by month our story will unfold on this page. Don't miss an instalment. *To be continued!*

Metropolitan Life Insurance Company Nursing Service

Miss Blanche Matteau (Hotel Dieu Hospital, Montreal) formerly nurse in Drummondville, Que., has resigned from the Company's service for personal reasons. *Miss Juliette Goyer* (Hotel Dieu Hospital, Montreal, and University of Montreal public health nursing course) has been transferred from Quebec City to Drummondville to replace Miss Matteau.

Miss Leonie Rainville (Ste. Justine Hospital, Montreal) formerly nurse on the Quebec City nursing staff, has resigned from the Company's service to be married.

Miss Simonne Leduc (Hotel Dieu Hospital, Montreal, and University of Montreal Public health nursing course) has been transferred from the Montreal nursing staff to Quebec City.

Miss Angele Doyon (Drs. Normand & Cross Hospital, Three Rivers, and University of Montreal public health nursing course) has been transferred from Quebec City nursing staff to the Montreal staff.

Miss Therese Maynard (St. Charles Hospital, St. Hyacinthe) has been transferred from Grand'mere, Que. to Montreal nursing staff.

Miss Isabelle Cote (Public health nursing course, University of Montreal) has been transferred from Chicoutimi, Que. to the Quebec City staff. *Miss Jeannine Coupal* (Ottawa General Hospital and School for Graduate Nurses, McGill University) has been transferred from the Montreal staff to Chicoutimi, Que., replacing Miss Cote.

Miss Marion Lauder, formerly nurse for Metropolitan Group Certificate holders in Sudbury, Conniston, Coppercliff, Creighton, and Garson, has resigned from the Company's service to be married. *Miss Lillian*

REGISTRAR AND EDUCATIONAL ADVISER

The Registered Nurses Association of British Columbia invites applications for the position of Registrar and Educational Adviser to Schools of Nursing.

Preference will be given to Registered Nurses with the following qualifications: an academic degree, preferably in Nursing; experience as a teacher in a School of Nursing; experience in School of Nursing administration. Applicants should not be over 40 years of age. Applications should be submitted by January 31, 1941, stating full particulars of training and experience, and should be addressed to:

The Convener of Selections Committee,
Registered Nurses Association of British Columbia,
520 Vancouver Block, Vancouver, B.C.

Wark (School of Nursing, University of Toronto) has been transferred from Niagara Falls, Ont. to Sudbury, replacing Miss Lauder.

Miss Marianne Laframboise (Sacred Heart Hospital and University of Montreal public health nursing course) has been transferred from Valleyfield to the Quebec City staff. *Miss Alexandrine Gratton* (Notre Dame Hospital, Montreal) has been transferred from Quebec City to Valleyfield, replacing Miss Laframboise.

Miss Willa Ahern (School for Graduate Nurses, McGill University) has been transferred from Peterborough to Niagara Falls, replacing Miss Lillian Wark.

Ontario Public Health Nursing Service

The Board of Health and Council of East York Township have accepted the offer of the School of Hygiene, University of Toronto, to assist in the development of facilities which will provide a suitable demonstration of public health administration to be used as a practice field for graduate students in the D.P.H. course. The school is assisted by the Rockefeller Foundation, and the Ontario Department of Health is co-operating in the project. Dr. W. Mosley, D.P.H., and Miss Eleanor Wheler, Reg. N., (Toronto General Hospital and University of Toronto public health nursing course) of the School staff, are loaned as medical officer of health and supervisor of nursing. A school medical officer will be secured and one staff nurse will be added, making five in all. A generalized public health nursing service will be undertaken.

Miss A. Gladys Nicolle (Public health nursing course, School for Graduate Nurses, McGill University, B.Sc., and Teachers College, Columbia University) has resigned as public health nursing supervisor with the St. Catharines Department of Health. *Miss Winifred V. Godard, B.Sc.* (St. Luke's Hospital, Ottawa, and Teachers College, Columbia University) has succeeded Miss Nicolle.

Miss Margaret M. Nealon (St. Michael's Hospital, Toronto, and University of Toronto public health nursing course, 1927) has resigned as public health nurse with the Board of Health, Renfrew.

Miss Mary Murray (Hamilton General Hospital, and University of Toronto public health nursing course), and *Miss Dorothy Marshall* (Hamilton General Hospital, and University of Toronto public health nursing course) have joined the staff of the Nursing Division, Hamilton Department of Health.

Intravenous Infusion

ROSE MINDORFF

An intravenous infusion is the administration of a sterile solution into a vein. Its purposes are to stimulate the circulation and raise the blood pressure in cases of surgical shock and collapse; to replace body fluids in cases of dehydration from high fever, or prolonged vomiting and diarrhea; to restore to normal the volume of blood in hemorrhage and to aid in the dilution and elimination of toxins in uraemia, eclampsia, etc. The following equipment should be in readiness:

Sterile: vaculator, with connecting tubing; 2 intravenous needles; 10 or 20 c.c. syringe; solution; swabs; towels.

Non-Sterile: tourniquet; treatment rubber; alcohol; adhesive; an infusion stand.

A good light is essential, and the method of procedure is as follows: the tourniquet is applied above the site of the puncture; as soon as the vein is sufficiently distended, the area of injection is cleansed with alcohol and the needle is inserted. When the flow of blood from the needle shows that the vein has been entered, the tourniquet is loosened. Air is expelled from the tubing and, while the fluid is running, the tube is attached to the needle. The needle is fastened securely in place and the arm comfortably supported on a pillow and kept absolutely at rest. The patient must be constantly watched for restlessness, and his colour, pulse, and breathing must be closely observed. The flow of the solution, and the amount absorbed must also be watched closely. The amount of solution given, together with the effect upon the patient, should be carefully recorded.

The treatment is contraindicated when edema is present. When the volume of the blood is not reduced, an infusion has a tendency to cause edema. If the fluid cannot pass out quickly from the capillaries into the tissues, an injection of fluid into the veins may cause dilatation of the right side of the heart and pulmonary edema, which might be fatal. The treatment is indicated when rapid action is desired, when the circulation is poor, and when the tissues are unable to absorb fluid. The dangers which must be guarded against are:

1. Improperly prepared solution involves considerable danger to the patient and sometimes sudden death.

2. Infection from the introduction of bacteria may cause septicemia.

3. Injury to the vein, followed by phlebitis with thrombus formation and embolism.

4. Dilatation of the heart, from the too rapid injection of fluid, which may cause death.

5. Introduction of air or foreign matter followed by a very serious reaction, endangering the life of the patient.

Refresher Course in Obstetrical Nursing

The University of Toronto School of Nursing is planning a refresher course for registered nurses who are interested in obstetrical nursing. This course will be given from January 20 to 25, and the fee will be $7.00. The course will include lectures on prenatal care, conduct of labour, the puerperium, and the care of the new born. Round tables will deal with prenatal and confinement care and the postpartum care of mother and infant. Demonstrations will be given on preparation for confinement in hospital and home, and selected aspects of postpartum care.

STUDENT NURSES PAGE

How High is Your "I. Q."?

Just take a long look at these forty questions. Then get a sheet of paper and a nice sharp pencil and see how many you can answer offhand without consulting any references. If the percentage is not as high as you think it should be, the next thing to do is to get hold of the December issue of the Journal. You will find that the last six pages contain the index for the thirty-sixth volume. Check all the items which look as though they might be related to the questions and then run them to earth, one by one. Of course we are taking for granted that the Journal is in your library, and that the back numbers are readily available. If not, they ought to be.

Has the patient a right to an eight-hour day, as well as the nurse?

What are the essential points in the care of children suffering from heart disease?

Could you tell a food fact from a food fancy if you saw it on your plate?

What is an auxiliary nursing worker, and how, and why?

What does a nurse sometimes learn from a patient who is incurably ill?

In spite of war, how does the International Council of Nurses keep the nurses of the world in touch with one another?

What should a public health nurse know about mental hygiene?

What references can you find in the *Journal* to nurses and nursing in England, China, Finland, Sweden, Newfoundland, New Zealand?

What has the *Journal* told you about the Nursing Service of the Royal Canadian Army Medical Corps and the women who direct it?

The nursing care of burns requires unusual skill and resourcefulness. What measures may be taken in severe cases?

Do you know how to nurse a patient who is suffering from Graves' disease?

Every nurse strives to relieve pain. But what *is* pain?

What is extra-pleural pneumo-thorax and how is it induced?

In the pioneer days in Alberta, nursing was a great adventure. Who were the nurses who shared in it?

Intestinal parasites constitute a serious public health problem; what measures can be taken to cope with it?

Health is our greatest blessing — but do we know how to assess it?

A medal was presented by the Canadian Nurses Association to a distinguished French-Canadian nurse. What relationship has her work to that of Jeanne Mance?

How do Canadian nurses appear if we look at them through the eyes of a certain able lay woman?

Eczema in babies isn't easy to manage. How would you handle it?

If the patient can only move his arms a little, how could you help him to help himself?

Typhoid fever has become a rare disease. What did one student nurse learn about it?

Did you ever spend a day with a rural public health nurse?

The maintenance of continuous gastric drainage requires skilful nursing technique. Are you sure you know all the answers?

What do you know about Metrazol?

Is spinal anaesthesia used in obstetrics?

What did the R.N.A.O. find out about nursing service in Ontario?

What gift did the Government of Canada receive from the Canadian Nurses Association last summer?

Two Canadian Schools of Nursing celebrated their fiftieth anniversary in 1940. Where are they situated?

What are we doing to prepare for A.R.P., and other emergency nursing services?

Do you know what to do for a patient suffering from insulin shock or other diabetic crisis?

If registries are to serve as a link between patient and nurse how should they be directed?

Are you clever with your hands? If so, why not develop those hidden skills?

What is the modern conception of scarlet fever?

Can blood be transfused across the Atlantic Ocean?

Could you turn an ordinary bedroom into a convenient place in which to care for a sick patient?

A wise and scholarly woman issued a three-fold challenge to the nurses of Canada. Do you think we can accept it?

Teaching "on the ward" is the kind which brings results. What school has worked out a good plan for it?

What message did the Matron-in-Chief (in Canada) send over the air?

Why do nurses make good hospital administrators?

Upon what occasion did we receive the stirring watchword, "Till the Barrage Lifts"?

NEWS NOTES

ALBERTA

LETHBRIDGE:

District 8, Alberta Association of Registered Nurses, held their meeting recently at St. Michael's Hospital. An address was given by Dr. J. S. McEachern on the control of cancer. Dr. McEachern is in charge of the Alberta Branch of the Canadian Society for the Control of Cancer, as well as being national president. It was decided to name a representative from the District, and Mrs. E. Kipp was appointed. It was also decided to give the usual Christmas present of $25. to a member of the Association who is ill at the present time.

Married: Recently, Miss Ursula M. Wirth (Galt Hospital, Lethbridge, 1934) to Mr. Thomas Sweeney.

BRITISH COLUMBIA

VANCOUVER:

Married: Recently, Miss Margaret Annie Solomon (Royal Columbian Hospital, New Westminster) to Mr. Frederick Henry Usher.

Married: Recently, Miss Florence Edna Scoble (Royal Jubilee Hospital, Victoria) to Mr. R. M. Ovenden.

Married: Recently, Miss Olive Alice Stephens (St. Paul's Hospital, Vancouver) to Mr. S. S. Lockhart.

MANITOBA

PORTAGE LA PRAIRIE:

The following officers have recently been elected to serve during the coming year by the Portage la Prairie Graduate Nurses Association: Honourary president, Miss E. McCaulay; president, Miss H. Marcroft; secretary, Miss A. Hornibrook; treasurer, Mrs. E. Rutledge; committee conveners: social, Miss D. MacKay; sick and visiting, Mrs. E. Porter; Red Cross, Mrs. F. Umbach; war services auxiliary, Miss E. Hills.

NOVA SCOTIA

HALIFAX:

A mass meeting of the graduate nurses in Halifax was held recently with about 250 nurses in attendance. The meeting was called by the Executive Committee of the Halifax Branch of the Registered Nurses Association of Nova Scotia to obtain enrolment of all the graduate nurses in the city, whether actively engaged in nursing or not, who could respond to a quick summons for assistance if a major disaster should occur in Halifax; and to discuss plans for a classification and organization of the total enrolled list. The meeting was addressed by Dr. S. H. Prince, general chairman of the Red Cross emergency preparedness organization, and by Dr. Norman H. Gosse, chairman of the medical division of the organization. As a result of the meeting, plans are now underway to organize a civilian emergency nursing division to join the emergency preparedness organization. Four large buildings will be used if needed as emergency hospital units. The nursing division will staff these units with a supervisory operating-room and bedside nursing service.

HALIFAX BRANCH, R.N.A.N.S.:

The graduation exercises of the Victoria General Hospital were held recently when a class of twenty-two received diplomas. The exercises were held for the first time in the auditorium of the new Residence. The address to the Class was delivered by the Hon. L. D. Curry, Minister of Mines for Nova Scotia. Prizes were won by Miss Elsie Black and Miss Estelle Woodworth.

Twenty-two members of the 1940 graduating class of the Victoria General Hospital were entertained recently by the Alumnae Association. The address to the new graduates was given by the Rev. R. C. Chalmers. Others taking part were Miss G. E. Strum, superintendent of nurses, and Dr. G. A. MacIntosh, superintendent of the hospital. Miss Dorothy Enman contributed two delightful vocal solos, accompanied by Mrs. Ronald Freeman, R.N., at the piano. Present at the dinner were twelve military nurses, graduates of the V.G.H., including Miss Kathleen Harvey, Matron of No. 7 General Hospital, Debert, N. S.

At the annual meeting and Remembrance Day re-union of the Overseas Nursing Sisters Association of Nova Scotia, Miss M. F. Haliburton was re-elected president, as were the remainder of last year's executive, who are: Secretary, Mrs. Vera Feindel; treasurer, Miss L. Fitzgerald; visiting, Miss M. Shannahan. The meeting was largely attended, and two former Imperial nurses were present. Miss W. Dawson, V.O.N. representative of New Brunswick, and Miss Louise MacDonald, Matron of Cogswell Street Military Hospital, were also in attendance. An oil painting by Sister Rosalie, of Mount Saint Vincent, of Miss Margaret Macdonald, Matron-in-Chief of the Cana-

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dian nurses overseas during the first Great War, was on view at the meeting.

Miss Marguerite Downey (H.C.H., 1936) has been appointed a stewardess with the Trans-Canada Air Lines. Miss Downey has been on the staff of the Halifax Tuberculosis Hospital for the past two years.

Pictou County Branch, R.N.A.N.S.

Miss Mabel Grant, president of the Pictou County Branch, Registered Nurses Association of Nova Scotia, presided at a recent meeting when Dr. Arthur E. Blackett was guest speaker. He gave an interesting and instructive address on infantile paralysis and treatment with the iron lung. Dr. Blackett's address was further illustrated by his demonstration of the iron lung. Mrs. Blackett was also a guest. A social hour was arranged by the social committee which consisted of Miss Elizabeth Cowan, Miss Elizabeth MacPhail, Mrs. Sterling MacLean, Miss Jean Murray, and Miss Mabel Grant.

ONTARIO

District 1

Sarnia:

Sarnia General Hospital:

The public health nurses, the Victorian Order nurses, and the staff nurses of the Sarnia General Hospital, have formed a study group and will hold their meetings the third Monday night of each month. The nurses are divided into groups, and a group is responsible for the program for the evening.

The annual meeting of the Alumnae Association of the Sarnia General Hospital was held recently at the hospital. The following officers were elected to serve during the coming year: Honourary president, Miss Doris Shaw; president, Miss Frances Harris; vice-president, Miss Anne McMillen; secretary, Miss Jean Anderson; treasurer, Miss J. Cairns; committee conveners: program, Miss Dorothy Cluskey; social, Miss J. Revington; flower and visiting, Miss Myrtle Thompson; Alumnae room, Miss Doris Shaw; correspondent to *The Canadian Nurse* and press, Mrs. Mary Elrick. The program was presented for the year. The six lectures suggested by Miss Walker, convener of the committee on Emergency Nursing Service, are being conducted by Dr. G. Anderson at the Sarnia General Hospital.

Married: Recently, Miss Audrey Rogers (S.G.H., 1935) to Mr. Raymond Parr.

Married: Recently, Miss Winifred Bond (S.G.H., 1938) to Mr. Fred Stuikberry.

DISTRICTS 2 AND 3

BRANTFORD:

Brantford General Hospital:

The official opening of the Queen Elizabeth Pavilion, new and much needed addition to the Brantford General Hospital, climaxed fifty-five years of hospitalization progress. An impressive ceremony presided over by Graham K. Stratford, chairman of the board of governors, appropriately was opened by the National Anthem followed by an invocation given by Right Rev. Monsignor T. L. Ferguson. Then came the addresses of Chairman Stratford, Acting Mayor J. P. Ryan, and Warden William England of Brant county. The new unit was declared open by acting Mayor Ryan and Warden England with the cutting of a ribbon across the beautiful entrance. The Ven. Archdeacon A. L. G. Clarke, of Grace Anglican Church, pronounced the benediction.

Much of the credit for the new building should go to Miss E. M. McKee, the administrator of the Brantford General Hospital, whose ability in hospital service has long been recognized throughout this continent. The bed capacity of the entire hospital is now 250. The Queen Elizabeth Pavilion is most modern in design and equipment and makes the hospital one of the best equipped in the Province.

The Alumnae Association of the School of Nursing has furnished a private room in the Queen Elizabeth Pavilion and has provided lockers for the private duty nurses in their new dressing room. Members of the Alumnae Association assisted in showing the beauties of the new building to the many who came to inspect and approve.

Good work has been done by the Alumnae Association under the leadership of Miss Edna Lewis for the Brantford Red Cross Society. Many useful articles have been provided for soldiers and sailors. The Private Duty Section, which formerly met once a month for a social evening, now spend their time knitting. One hundred dollars was unanimously voted at the November meeting of the Alumnae Association to the Lord Mayor's Fund in London, England.

Christmas gifts have been sent to our two nurses in England, Nursing Sisters Edith Read and Dorothy Herson, R.C.A.M.C., C.A.S.F.

Mrs. Beth Claridge, graduate of the B.G.H. School of Nursing, has been called for active service at Camp Borden.

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District 4

Hamilton:

Hamilton General Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of the Hamilton General Hospital: Honourary president, Miss C. E. Brewster; president, Miss Edna Bell; first vice-president, Miss M. Watson; second vice-president, Miss M. Watt; recording secretary, Mrs. Hilda Roy; corresponding secretary, Miss E. Ferguson; treasurer, Miss N. Coles; secretary-treasurer of mutual benefit association, Miss M. Jarvis; committee conveners: executive, Miss I. Mayall; program, Miss H. Tilling; flower and visiting, Miss G. Servos; budget, Miss L. O. Watson.

Married: Recently, Miss Charlotte J. Way-White (H.G.H., 1935) to Dr. Alexander G. M. Bruyns.

District 5

Toronto:

The winter meeting of District 5, R.N.A.O., was held recently at Our Lady of Mercy Hospital, with approximately 250 members present. After a delicious buffet supper, the members were shown in groups through the beautiful new hospital. The evening meeting was opened by Father Clancy, resident Chaplain of the hospital. Father Clancy gave a brief history of the hospital.

The reports given show that our membership has increased to 1614, and that lecture courses are being arranged throughout the District by the Committee on Emergency Services. In some of the hospitals one series has been completed and a second started. It is earnestly hoped that every registered nurse will avail herself of the opportunities provided to secure these lectures, so that we may be fully prepared should an emergency arise.

A dramatic skit, "A Day in the Community Nursing Bureau", was presented by a group of nurses, under the direction of Miss Ethel Greenwood, followed by an explanation of the report of the committee on the formation and re-organization of registries, by Miss Jean Church, president of the R.N.A.O. Miss Jean Gunn, O.B.E., superintendent of nurses, Toronto General Hospital, definitely told the meeting that the time had come when nurses had to adopt this report, or in some way change the existing order, so that nursing care during illness would be available to all. If

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we, as nurses, do not do this, it will be taken out of our hands and done by other organizations, as there is already agitation in that direction. Miss Edna Moore, chief public health nurse for Ontario, gave an outline of the Canadian Defence Program as being developed in Ontario.

Miss Jennie Ives, instructress of nurses, Collingwood, has been appointed convener of the Nurse Education Section of this district, following the resignation of Miss Florence Thomas. Chapter 2, with Miss I. Lawson as president, is very active. The speakers at their meetings included the following: Mr. H. Goodfellow, psychologist, of the Ontario Hospital, Orillia, who spoke on the relation of emotion and good health; Mr. Magee, of the Metropolitan Life Insurance Company, who spoke on economic security for nurses; the Rev. Mr. Knight, who spoke on ideals in the nursing profession. This Chapter has under consideration, the forming of classes in emergency nursing service.

Toronto Western Hospital:

At a recent meeting of the Toronto Western Hospital Alumnae Association, Mrs. Douglas Chant, vice-president, was in the chair and there was an excellent attendance. Dr. Dobbie gave an interesting talk on tuberculosis as a public health problem. The Red Cross Auxiliary of the hospital had their raffle draw for a fifty dollar cheque and several additional prizes. The committee was pleased with the co-operation of the entire membership and the financial results were very gratifying as the proceeds slightly exceeded $700.

DISTRICT 6

COBOURG:

A meeting of Chapter B, District 6, R.N.A.O., was held recently at the Ontario Hospital, with Miss Shaw presiding. There were 16 members and 5 non-members present. The guest speaker of the evening was the Rev. W. P. Woodger, of Trinity United Church, Cobourg. His address dealt with the relationship existing between the minister, the nurse, and the patient, and the part the Ministerial Association plays in the current events of the present day. Miss Elliott moved a hearty vote of thanks

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to the speaker. Refreshments were served by Miss Shaw and her staff.

Miss Olive I. Rowe, of Victoria Hospital, London, has accepted a position at the Ontario Hospital, Cobourg.

Married: Recently, Miss Marjorie Agnes Robinson (B.G.H.) to Sgt. John Franklin Mitchell.

Married: Recently, Miss Carlotta E. Haig (C.G.H.) to Mr. Robert L. Jackson.

District 7

Brockville:

Brockville General Hospital:

Miss Vivian Parsons (B.G.H., 1938) is on the staff of the hospital at South Porcupine, Ontario. Miss Helen Holtby (B.G.H., 1933) has joined the nursing staff of the Royal Victoria Hospital. Miss Hilda Greer (B.G.H., 1933) of the staff of the York County Hospital, Newmarket, Ontario, is taking a course of study in X-ray at the Toronto Western Hospital.

Married: Recently, Miss Doris Pitt (B.G.H., 1933) to Mr. Clifford McQuade.

Married: Recently, Miss Elsie McLean (B.G.H., 1939) to Mr. George Edwards.

Married: Recently, Miss Emma Dier (B.G.H., 1940) to Mr. Eric Kirkby.

District 9

Sault Ste. Marie:

Dr. H. H. Washburn, who is associated with the Provincial Department of Health under the Division of Tuberculosis Prevention, gave an illustrated address at a recent chapter meeting. Sixty nurses attended, including the students from the General Hospital and the Plummer Memorial Hospital, and found this address enlightening and instructive.

Miss Alice Gordon, a former chairman of the Sault Ste. Marie Chapter, is now on active service in England. Mrs. Anne West, formerly instructor at the Plummer Memorial Hospital, is in Toronto for preliminary training and from there is scheduled to go to Camp Borden.

North Bay:

An interesting and instructive talk on dentistry, by Dr. L. H. McCool, was the feature of the regular meeting of the North Bay Chapter which was held in St. Joseph's Hospital. Dr. McCool followed his lecture with excellent lantern slides illustrating points raised in the lecture.

Gravenhurst:

The members of the Muskoka Chapter were privileged to have Dr. K. Milne address them on the history and development

of photography and its value to the profession.

War Emergency First Aid classes are being organized in the District and many centres have them well underway.

QUEBEC

MONTREAL

Homoeopathic Hospital:

The annual dinner of the Alumnae Association of the Homoeopathic Hospital was held recently in honour of the graduating class of 1940.

Several of the nurses of the Homoeopathic Hospital are attending the School for Graduate Nurses, McGill University this year. They are Miss Bridgette and Miss Morris who are taking the public health nursing course, and Miss Athelstan and Miss Page who are taking the course in teaching and supervision.

Miss Helen Bright has left for the Magdalen Islands in the nursing service of the Canadian Red Cross.

Montreal General Hospital:

In honour of the M.G.H. graduates who have been appointed to the staff of No. 1 Canadian General Hospital, R.C.A.M.C. Overseas, teas have been given by the staffs of the Central and Western Divisions. Suitable gifts were presented to the Matron and Nursing Sisters by Miss Holt and staffs of both Divisions, and by Mrs. J. C. Newman, wife of the president of the board of management.

In the December issue of the *Journal*, an error was made in connection with the announcement of an appointment to the nursing service of the T. Eaton Company. The nurse appointed was Miss Katherine M. Atkinson (M.G.H., 1934).

Married: Recently, Miss Phyllis Higman (M.G.H., 1934) to Mr. Matthew Reid Warner.

Married: Recently, Miss Olive Pibus (M. G.H., 1939) to Mr. Ronald Rice.

Married: Recently, Miss Olga Lilly (Western Hospital, Montreal) to Mr. Oliver Barwick.

Royal Victoria Hospital:

Miss Helen Sharpe has been released from the nursing staff to assist with the teaching of first aid throughout the Province. Miss Sharpe has completed the course which she gave at Jeffery Hale's Hospital, Que-

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bec, and is now at Arvida General Hospital.

Miss Christine Crawford has been appointed Matron at Camp Borden. The following R. V. H. nurses are now with No. 1 General Hospital R. C. A. M. C.: Maude Brooks, Doris Carter, Rita Fulton, Gwendolyn Hopkins, Mary Maguire, Muriel Hearn, Marion Douglas, and Jean Byam. Miss Constance Carr and Miss Elizabeth Morgan are on duty at Vimy Barracks, Kingston, Ont.

Miss Marguerite Bellhouse has resigned from the staff and will spend the winter in Kingston. Miss Elizabeth Lyster, who was with the American Scandinavian Field Hospital, is now in Sweden. Miss Kathleen King, who was with the same unit, has returned to New York.

School for Graduate Nurses, McGill University:

A meeting of the Alumnae Association was held recently at the School for Graduate Nurses, McGill University. A pleasant feature of the evening was the presentation of an electric toaster to the School. Miss Jean Wilson made the presentation on behalf of the Alumnae Association and Miss Lindeburgh received the gift and fittingly thanked the members for their generous support both in the past and at the present time. Following the business meeting, a social hour was enjoyed by all.

Miss Helen Sharpe and Miss Loretta Charland, who recently received their Instructors Certificates in a first aid course given by the St. John Ambulance Association, have been sent out by the A. R. N. P. Q. to teach the St. John Ambulance Association course in first aid to nurses in various centres throughout the Province. Miss Clara Frankum has recently been appointed to the Department of Health, Montreal.

Married: Recently, Miss Muriel Andrews (T. & S., 1938-39) to Mr. G. Wanless.

Married: Recently, Miss Betty Coe (T. & S., 1938-39) to Mr. J. F. Elliott.

QUEBEC:

Jeffery Hale's Hospital:

Miss Helen Sharpe, of the staff of the Royal Victoria Hospital, Montreal, and holding the instructor's certificate of St. John Ambulance Association, conducted the first aid course in Quebec, launched by the Association of Registered Nurses of the Province of Quebec. During her stay in Quebec, Miss Sharpe was a guest of Jeffery Hale's Hospital.

At a recent meeting of the Jeffery Hale's Hospital Alumnae Association, the president,

Mrs. A. W. G. Macalister, on behalf of the Association, presented Nursing Sister Margery Cambon, who has been called for military duty, with a travelling rug. Miss Cambon is a graduate of Commissioners High School, and the 1939 class of the School of Nursing of Jeffery Hale's Hospital, and was on the staff of the Children's Memorial Hospital, Montreal, when called for service.

Nursing Sister Margery Cambon, R.C.A.M.C., was chosen to place the wreath from the J.H.H. Alumnae at the cross of sacrifice on Armistice Day.

Miss Margaret Doddridge (J.H.H., 1934) has accepted the position in charge of the Military Camp Hospital at Valcartier.

Married: Recently, Miss H. Woolley (J.H.H., 1935) to Mr. Lamothe Page.

SASKATCHEWAN

SASKATOON:

Special committees of the Saskatoon Registered Nurses Association arranged to send a Christmas hamper to the matron and nursing staff of the Canadian Red Cross Hospital in England. A rummage sale was also held to raise money for war effort. Members of the Association assisted in the sale of poppies on Remembrance Day.

NEWFOUNDLAND

ST. JOHN'S:

The Newfoundland Graduate Nurses Association held their monthly meeting recently at the Child Welfare Centre, the president, Miss Syretha Squires in the chair. The president announced the formation of a *Canadian Nurse* Committee, through whose medium Newfoundland nurses may contribute articles and share the privileges by having news notes from Newfoundland published in the magazine.

The Association was privileged to hear Mr. J. G. Higgins, K. C., who chose as his topic "The Power of Example". As an example of democracy he paid tribute to the men of Dunkirk. "On that beach where all parts of the Empire were represented and Newfoundland played no unimportant part, the tyrant learned what free men can think and suffer and achieve; and so Dunkirk has become something more than a place; it has become a name, an example, an inspiration."

A most hearty vote of thanks was extended to Mr. Higgins by Miss Mary Collins on behalf of the Association. Tea was served under the convenership of Miss Ethel Thomas.

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BOOK REVIEWS

Borrowed Children: a popular account of some evacuation problems and their remedies; by Mrs. St. Loe Strachey. Published in London, by John Murray; Canadian Agents: The Musson Book Company Ltd., 480 University Avenue, Toronto. The American edition is published by The Commonwealth Fund, 41 East 57th Street, New York City.

During the first days of September 1939, some 730,000 unaccompanied school children were evacuated from their homes to parts of England that were considered safe from attack by air. "Borrowed Children" is the story of what happened to some of these youngsters. The aim of this book is to give a picture of the first months of evacuation, the problems that arose, and the way they were met. The emotional maladjustments caused or developed by the dislocation of these children's lives are thoughtfully analyzed and the principles and practical methods of mental hygiene applied under the guidance of expert advice are simply stated.

Although the full impact of wholesale evacuation has not yet been felt in Canada, we have already had some experience of the problems it creates. This straightforward story of "Borrowed Children" should be read by every nurse whose work brings her into contact with the children whom we call the "King's Wards". Stress is laid upon the solution of psychological difficulties such as enuresis, truancy, and petty thieving. The necessity of providing permanent institutional care for some children is frankly admitted but a strong plea is made for the "billet", or foster home.

The case histories of these children are pitiful beyond belief, and are an indictment of a social system which can find no cure for unemployment, and no decent substitute for slums.

Physical Therapy for Nurses, by Richard Kovacs, M.D., clinical professor and director of physical therapy, New York Medical School. Second edition, revised.

324 pages. Illustrated. Published by Lea and Febiger. Canadian Agents: The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $3.60.

At a time when many nurses are qualifying themselves as physical therapy technicians, this book will prove very valuable. Part One gives the general background and history, and Part Two deals with the remedial effects of heat, light, electricity, water, massage, and exercise. The importance of thorough training for all technicians is emphasized throughout.

Ways to Community Health Education, by Ira V. Hiscock, Professor of Public Health, Yale University School of Medicine, with the collaboration of other authors. 298 pages, with index. Illustrated. Published by The Commonwealth Fund, 41 East 57th Street, New York City. Price in the United States, $3.00

If we were planning a refresher course for public health nurses this book would be required reading, because every possible means of teaching people how to keep well is demonstrated in its pages. The author's definition of his subject reads thus: "Health education is assumed to include all those experiences and processes by which people's attitudes toward their own and the public's health may be guided, and all the influences that will improve the health behaviour of the individual and the health level of community life".

In the chapter devoted to the basis for public health education, a clear outline is presented of the organization and functions of a health department. Suggestions are offered concerning the formation of a health council and, in the following chapter, the participation of community groups is discussed at some length. There is an excellent chapter on radio talks including an amusing comment on the causes and prevention of "mike fright". The preparation of exhibits is often the task of the public health nurse, and she will find plenty of

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help in this book. There are also valuable suggestions for campaigns against specific diseases such as diphtheria, syphilis, and tuberculosis.

The last chapter, "Teaching people how to live," shows a deep understanding of human values. Here, as elsewhere, the author pays sincere tribute to the public health nurse and shows how she and all other teachers of health may seek and find new horizons.

O. N. S. A. News-letter

The response to the appeal of the Executive Committee of the O.N.S.A. that all member units would pause this year in their daily round and tell us of their activities, has been encouraging and we were able to issue our first family "News-letter" with our Christmas greetings, each to each and all to all. Space will not permit us to enumerate all that our message contained; we can only add to what we said in the December number of the *Journal* that several units have subscribed to local Spitfire funds; all have sent Christmas gifts to soldiers and Sisters overseas; one has contributed largely towards a Hostess House in the west; another made and shipped fifty pairs of stockings to children in bombed districts of England. Further contributions to the Lord Mayor's Fund (London, England) are recorded, and thousands of dressings have been made for the Red Cross. One group has for its major objective, all possible assistance in the form of knitted goods for the men of the merchant fleet and mine sweepers. Many have accorded approval of the recommendation made by the Calgary and Winnipeg units for united contribution to Canada's war effort, further details of which will be announced later.

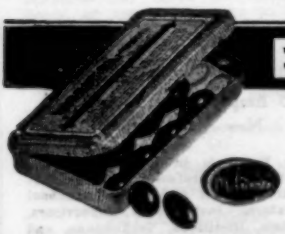
The many friends of our former Matron-in-Chief, Miss Margaret Macdonald, were happy to have had a glimpse of her recently during her visit to Montreal.

All members will regret to learn that Miss Blanche Anderson, our third vice-president, met with a motor accident which will confine her to bed for some time. Miss Mabel Bonter, a member of the staff of the Kingston General Hospital for the past seventeen years, has recently resigned on account of ill health.

The Saint John, New Brunswick Unit regrets to record the death of one of its charter members, Mrs. Norah Foss.

Miss Nell Enright, Matron of the R.C.A.F. Hospital at St. Thomas, Ontario, for the past year, has been appointed Senior Matron, R.C.A.F., with the rank of Flight-Lieutenant. Miss Caroline Crawford will be Matron of the hospital under construction at Camp Borden. This brings the roster of the O.N.S.A. members once again on active service (including the Matron-in-Chief in Canada and the Matron-in-Chief in England) up to ten.

E. Frances Upton,
Secretary-Treasurer, O.N.S.A.



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QUICK-FREEZE FOODS

The origin of the new quick-freeze food industry is told by a writer in the August issue of "C-I-L Oval." Clarence Birdseye, and employee of Revillion Frères, the fur trading firm later taken over by the Hudson's Bay Company, was fishing one day in Labrador when he discovered that fresh fish froze instantly in the northern cold and retained its flavour and freshness when defrosted. He set about to find the reason, and learned that instantaneous freezing formed infinitesimal particles of ice which were entirely harmless to food cell structures. Slow freezing, on the other hand, formed large crystals which pierced the walls of the food cells thus liberating the juices with consequent loss of flavour. While Birdseye did not "invent" quick-freezing, yet out of his research has been developed a system of freezing fruits and vegetables and other perishable foodstuffs in packages by pressing them between refrigerated metal plates within an hour or two of being freshly picked.

SULPHATHIAZOLE

Sulphathiazole has been released for sale by E.R. Squibb & Sons of Canada Ltd., in the form of 0.5 gram scored tablets for oral dosage and in crystals for compounding prescriptions and for determination of blood concentration. Sulphathiazole has received extensive clinical trial and is a noteworthy advance in the chemotherapeutic treatment of pneumococcal and staphylococcal infections. It is the third of the "sulphonamide derivatives" to be released by Squibb, the others being Sulphanilamide and Sulphapyridine. Sulphathiazole is believed to have the following advantages over Sulphapyridine: (1) More uniform absorption; (2) less conjugation after absorption, so that a higher proportion of the total drug in the body-fluids is chemotherapeutically active; (3) less tendency to cause serious nausea or vomiting; (4) greater effectiveness against staphylococcal infections.

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A year ago last October, just after the war broke out, we happened to visit the New York World's Fair . . . Out of its beauty and strength, vulgarity and tawdriness, we bore away some memories that we still cherish . . . the glowing colours of the Pavilion of Heraldry in the British Building . . . the lacework of the Polish Tower against the evening sky . . . the great sundial reflected in the blue lagoon . . . Then there was the Time Capsule . . . a huge metal container buried in the fair grounds with pomp and ceremony . . . signed sealed and delivered for five thousand years to the guardianship of Mother Earth . . . As you may have heard, this glorified tin can contains reels of micro-film . . . recording the magnificent achievements of mortal man in the twentieth century . . . There are scientific treatises on abstruse subjects . . . and delicate instruments of precision . . . all designed to astonish and instruct the men of A.D. 6939 . . . In hermetically sealed wrappings are the newspapers of the day before yesterday . . . and as a crowning absurdity, one of the ridiculous little hats that women wore so gaily when the world was still at peace . . . When we were at the Fair, you could look down into the deep well . . . and see the Time Capsule reposing at the bottom . . . but now the well is sealed . . . and the Capsule has begun its long journey through Time . . . Because men and squirrels are apt to forget where their treasure is hidden . . . an imperishable record was given to all the great museums and libraries of the world . . This tells what and where the Time Capsule is . . . and when it is to be opened . . . This idea seems reasonable, although in 1941 one is a bit doubtful about the safe-keeping of those records . . . Bombs are falling near the British Museum . . . the library of the University of Louvain is a smoking ruin . . . the Bibliothèque Nationale has been looted . . . Unless some keen observer in the seventieth century happens to spot an "imperishable record" in a rubbish heap . . . this strange pathetic gesture of one age to another may have gone for nothing . . . Supposing the luck holds . . . and the Time Capsule is fished up from the bottom of its well . . . what manner of man..will open it . . . and what sort of world will he live in? . . . Perhaps the Golden Age will have come at last . . . and he will not mock at our pitiful striving toward beauty and peace . . . But what will he think of the absurd little hat that women used to wear . . . before the earth trembled? . . E.J.

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Chairman, Miss W. Ashplant; First Vice-Chairman, Miss D. Arnold; Sec. Vice-Chairman, Miss V. Winterholt; Sec.-Treas., Miss H. Muir, General Hospital, Brantford; *Councillors*: Misses E. Clark, E. Eby, H. Tregear, L. Trusdale, G. Larmon, Mrs. Young; *Convenors*; *Nursing Education*, Miss J. Watson; *Public Health*, Miss M. Hackett; *Private Duty*, Miss F. McKenzie.

District 4

Chairman, Miss A. Boyd; First Vice-Chairman, Miss M. Buchanan; Sec. Vice-Chairman, Miss E. Buckbee; Sec.-Treas., Miss G. Coulthart, 82 Balmoral Ave. S., Hamilton; *Councillors*: Sister Monica, Misses I. MacIntosh, A. Wright, D. Scott, C. Brewster, M. Cameron; *Conveners*: *Private Duty*, Miss S. Murray; *Nursing Education*, Miss H. Brown; *Public Health*, Miss A. Oram.

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District 6

Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss Covert; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; *Committee Conveners*: *Hospital & School of Nursing*, Miss E. Young; *General Nursing*, Miss N. DiCola; *Public Health*, Miss Stewart; *Membership*, Miss N. Brown; *Enrolment*, Miss H. Fitzgerald; *Finance*, Miss F. Fitzgerald.

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Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss R. Densmore, 149 Kohler St., Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium, P. O.; *Committee Conveners*: *Public Health*, Miss H. E. Smith, New Liskeard; *Private Duty*, Miss G. Johnston, North Bay; *Nurse Education*, Miss A. Riordan, Sudbury; *The Canadian Nurse*, Mrs. J. McCausland.

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Regina Registered Nurses Association

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Alumnae Associations

ALBERTA

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A.A., Vegreville General Hospital, Vegreville

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A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital, Vancouver

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Winnipeg General Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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A.A., L.P. Fisher Memorial Hospital, Woodstock

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NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

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A.A., Victoria General Hospital, Halifax

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ONTARIO

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A.A., Brantford General Hospital, Brantford

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A.A., Brockville General Hospital, Brockville

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A.A., St. Joseph's Hospital, Chatham

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A.A., Galt Hospital, Galt

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A.A., St. Joseph's Hospital, Hamilton

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A.A., St. Mary's Hospital, Kitchener

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A.A., Ross Memorial Hospital, Lindsay

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A.A., St. Joseph's Hospital, London

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A.A., Orillia Soldiers' Memorial Hospital, Orillia

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A.A., Oshawa General Hospital, Oshawa

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A.A., Ottawa Civic Hospital, Ottawa

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